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Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

April 17, 1998 - Issue 16: Through	March 31, 1998
July 17, 1998 - Issue 29: Through	June 30, 1998
October 16, 1998 - Issue 42: Through	September 30, 1998
January 15, 1999 - Issue 3: Through	December 31, 1998 (Annual)

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July 13, 1998	30	July 24, 1998
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Dec. 28, 1998	2	Jan. 8, 1999

*Please note: If the state holiday falls on a Monday, the deadline will be 12 noon on Tuesday (the next day).

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STATE BOARD OF EDUCATION

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Certification.
- 2) Code Citation: 23 Ill. Adm. Code 25
- 3) Section Numbers:
- | | | |
|---------------|-------------|-------------------------|
| 25.11 | New Section | <u>Proposed Action:</u> |
| 25.15 | New Section | |
| 25.99 | Amendment | |
| 25.311 | Amendment | |
| 25.313 | New Section | |
| 25.720 | Amendment | |
| 25.Appendix B | New | |
| 25.Appendix C | New | |
| 25.Appendix D | New | |
- 4) Statutory Authority: 105 ILCS 5/2-3.6.
- 5) A Complete Description of the Subjects and Issues Involved: The changes in the State teacher certification system that were put in motion by enactment of P.A. 90-548 (HB 452) and amplified by P.A. 90-653 (HB 1640), as well as those being undertaken pursuant to the State Board's professional development framework, will eventually require numerous changes in our rules. The aspects covered by the present rulemaking include:
- . the exchange of current certificates for the new types of certificates created by P.A. 90-548;
 - . core standards for teachers and administrators; and
 - . alternative routes to administrative certification.

Exchange of Certificates: New Section 25.11 shows how several groups of individuals will be affected by the transition to the new system of certificates beginning on January 1, 1999. It discusses eligibility for initial, standard, and master certificates for currently certificated Illinois teachers, candidates who will graduate from approved programs in the near future, and out-of-state candidates wishing to receive Illinois certificates.

Core Standards: As part of the transition to a standards-based system of teacher preparation, it is critical to give advance notification to all affected parties of the standards to which candidates for certification will be held. This is the function of new Section 25.15. By publishing these standards at this time, the Board is formally notifying teacher preparation institutions of the need to reexamine their programs and to begin preparing their students to meet these standards several years from now. The standards outline the knowledge and skills that new teachers and administrators will be expected to possess, rather than presenting an inventory of coursework they will need to complete.

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Alternative Route to Administrative Certification: New Section 25.313 implements Section 21-5d of the School Code that provides for the establishment of alternative programs leading to administrative certification. Each program must consist of a course of study approved by the State Board, one-year's full-time assignment to an administrative position (other than that of principal or assistant principal), and a comprehensive assessment of the candidate's performance, culminating in a favorable recommendation by the institution that is responsible for the course of study. This rule outlines the required content of each proposal for an alternative program; makes these alternative programs subject to the same Fifth-Year Review that institutions' regularly approved programs undergo; and establishes reporting requirements that will help track the new programs' success.

- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? The rules do not contain an incorporation by reference under Section 5-75 of the Illinois Administrative Procedure Act.
- 9) Are there any other proposed amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
25.67	New Section	22 Ill. Reg. 12427

- 10) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a state mandate.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days of the publication of this notice to:

Sally Vogl
 Agency Rules Coordinator
 Illinois State Board of Education
 100 North First Street (S-284)
 Springfield, Illinois 62777
 (217) 782-3950

- 12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: Institutions wishing to offer programs pursuant to Section 25.313 must

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submit proposals and annual reports as described.

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1998

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

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SUBTITLE A: EDUCATION

CHAPTER I: STATE BOARD OF EDUCATION

SUBCHAPTER b: PERSONNEL

PART 25

CERTIFICATION

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Section

25.10 Definition of Terms Used in This Part

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Section

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25.20 State Elementary School Certificate

25.30 State High School Certificate

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25.43 Standards for Certification of Special Education Teachers

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25.50 General Certificate

25.60 State Special Certificate, Grades 11-12, For Teaching Elective Subjects

25.65 Alternative Certification

25.70 State Provisional Vocational Certificate

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25.80 Early Childhood Certificates

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25.95 Majors, Minors, and Separate Fields for the Illinois High School Certificate

25.99 Endorsing Teaching Certificates

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Section

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25.120 Standards and Criteria for Institutional Recognition and Program Approval

25.130 Procedures for Initial Recognition as a Teacher Education Institution

25.140 Procedures for Approval of New or Modified Teacher Education Programs and Consortia

25.150 The Periodic Review Process

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 25.220 Requirements for the Certification of Guidance Personnel
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 25.310 Definitions (Repealed)
 25.311 Administrative Certificate
 25.313 Alternative Route to Administrative Certification
 25.315 Renewal of Administrative Certificate
 25.320 Application for Approval of Program (Repealed)
 25.322 General Supervisory Endorsement
 25.330 Standards and Guide for Approved Programs (Repealed)
 25.333 General Administrative Endorsement
 25.344 Chief School Business Official Endorsement
 25.355 Superintendent

SUBPART F: GENERAL PROVISIONS

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 25.405 Military Service
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 25.415 Credit in Junior College
 25.420 Psychology Accepted as Professional Education
 25.425 Individuals Prepared in Out-of-State Institutions
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 25.430 Institutional Approval
 25.435 School Service Personnel Certificate--Waiver of Evaluations
 25.437 Equivalency of General Education Requirements
 25.440 Master of Arts NCATE
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 25.445 College Credit for High School Mathematics and Language Courses
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 25.455 Substitute Certificates
 25.460 Provisional Special and Provisional High School Certificates
 25.465 Credit
 25.470 Meaning of Experience on Administrative Certificates
 25.475 Certificates and Permits No Longer Issued
 25.480 Credit for Certification Purposes
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 25.493 Part-Time Teaching Interns

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25.495 Approval of Out-of-State Institutions and Programs
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 APPENDIX B Certificates Available Effective January 1, 1999
 APPENDIX C Exchange of Certificates
 APPENDIX D National Board and Master Certificates

AUTHORITY: Implementing Article 21 and Section 14C-8 and authorized by Section

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2-3.6 of the School Code [105 ILCS 5/Art. 21, 14C-8, and 2-3.6].

SOURCE: Rules and Regulations to Govern the Certification of Teachers adopted September 15, 1977; amended at 4 Ill. Reg. 28, p. 336, effective July 16, 1982; amended at 7 Ill. Reg. 5429, effective April 11, 1983; codified at 8 Ill. Reg. 1441; amended at 9 Ill. Reg. 1046, effective January 16, 1985; amended at 10 Ill. Reg. 12578, effective July 8, 1986; amended at 10 Ill. Reg. 15044, effective August 28, 1986; amended at 11 Ill. Reg. 12670, effective July 15, 1987; amended at 12 Ill. Reg. 3709, effective February 1, 1988; amended at 12 Ill. Reg. 16022, effective September 23, 1988; amended at 14 Ill. Reg. 1243, effective January 8, 1990; amended at 14 Ill. Reg. 17936, effective October 18, 1990; amended at 15 Ill. Reg. 17048, effective November 13, 1991; amended at 16 Ill. Reg. 18789, effective November 23, 1992; amended at 19 Ill. Reg. 16826, effective December 11, 1995; amended at 21 Ill. Reg. 11536, effective August 1, 1997; emergency amendment at 22 Ill. Reg. 5097, effective February 27, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 11767, effective June 25, 1998; amended at 22 Ill. Reg. _____, effective _____.

SUBPART B: CERTIFICATES

Section 25.11 New Certificates (January 1, 1999)

Section 21-2 of the School Code [105 ILCS 5/21-2] establishes a new system of teaching certificates effective January 1, 1999. A complete list of the certificates that will be available as of that date is found in Appendix B to this Part. The transition to the new system will affect certified individuals and candidates for certification as set forth in this Section.

a) Holders of certain current Illinois teaching certificates shall receive corresponding standard teaching certificates when they next renew any of their current certificates.

1) Certificates subject to exchange are listed in Appendix C to this Part.

2) No certificate-holder shall be penalized in the exchange of certificates. Each endorsement held by a certificate-holder prior to January 1, 1999, shall be recorded on the appropriate certificate received pursuant to this subsection (a). Qualifications accepted for particular teaching assignments prior to January 1, 1999, shall continue to be acceptable for those assignments.

b) Out-of-state candidates who qualify for Illinois teaching certificates pursuant to Section 25.425 of this Part and who pass the applicable examinations shall receive either initial or standard teaching certificates, and those who receive initial certificates shall be subject to the requirements of subsection (d) of this Section in terms of their subsequent receipt of standard teaching certificates. An out-of-state applicant who does not qualify for an initial or standard certificate may qualify to receive a provisional certificate subject to the provisions of Section 21-10 of the School Code [105 ILCS

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5/21-101.

1) Standard certificates will be issued to candidates who present evidence of at least four years of teaching experience on a valid certificate issued by a state, territory, or possession of the United States.

2) Initial certificates will be issued to qualified candidates with fewer than four years of teaching experience. A recipient of an initial certificate pursuant to this subsection (b)(2) shall be eligible to apply for a comparable standard certificate when he or she has accumulated a total of four years' teaching experience on a valid certificate, including the time credited outside Illinois.

3) Certificates will be endorsed according to the coursework presented and the examination(s) passed.

c) A candidate completing an approved Illinois teacher preparation program on or after January 1, 1999, may, through June 30, 2003, qualify for an initial teaching certificate by passing the test of basic skills and the appropriate test(s) of subject matter knowledge required pursuant to Section 21-1a of the School Code [105 ILCS 5/21-1a] and Subpart I of this Part.

1) Through June 30, 2003, each initial certificate shall be endorsed according to the approved program completed, the coursework presented, and/or the applicable examination(s) passed.

2) Beginning July 1, 2003, endorsements or other designations of teaching fields shall be issued based upon the approved program completed and the applicable examinations passed.

d) An individual who has completed four years of teaching on an initial certificate within eight years after the issue date of that certificate may qualify for a comparable standard certificate by passing the relevant standard teaching certificate examination required by Section 21-2 of the School Code. This examination shall be designed to demonstrate whether candidates' induction to the profession of teaching has enhanced their performance with respect to the standards set forth in Section 25.15(a) of this Part, advanced their command of appropriate teaching practices and strategies, and contributed to the professional judgment required for designing educational experiences to meet the diverse needs of students.

1) All endorsements shall be carried forward from an initial to the comparable standard certificate.

2) A candidate must complete four years of teaching within eight years after his or her initial certificate is issued in order to be eligible to apply for a comparable standard certificate.

3) A candidate who has taught for four years on an initial certificate but fails the standard teaching certificate examination may retake the examination but may not receive another comparable initial teaching certificate.

e) A holder of a standard Illinois teaching certificate who has at least four years of teaching experience on a valid certificate may receive

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an additional standard certificate by passing the examinations required for both the comparable initial certificate and the standard teaching certificate and by meeting the other requirements for that certificate set forth in this Subpart B.

f) "Four years of teaching experience" means the equivalent of four years' full-time employment.

g) "Evidence of teaching experience" means a letter signed by the chief administrator or other designated official of the employing school district or nonpublic school documenting the nature and duration of the candidate's teaching.

h) For purposes of this Section, "valid certificate" means a certificate equivalent to an Illinois master, standard, initial, or provisional early childhood, elementary, secondary, or special certificate.

i) Upon application, a holder of certification issued by the National Board for Professional Teaching Standards shall be issued a comparable Illinois master certificate as shown in Appendix D to this Part. Endorsements comparable to those held by the individual shall appear on the master certificate.

(Source: Added at 22 Ill. Reg. _____, effective _____.)

Section 25.15 Standards for Certain Certificates

a) Effective July 1, 2003, each candidate who is seeking an initial or standard early childhood, elementary, secondary, or special teaching certificate shall undergo an assessment designed to demonstrate whether he or she meets the standards set forth in this subsection (a). Candidates for standard certificates will be expected to demonstrate advanced levels of competence with respect to these standards.

1) Content Knowledge

A) The candidate understands the central concepts, methods of inquiry, and structures of the specific disciplines for which certification is sought.

B) The candidate knows how to create learning experiences that make the content meaningful to all students, including those with disabilities and those for whom English is not the primary language.

2) Human Development and Learning

A) The candidate understands how individuals grow, develop, and learn.

B) The candidate knows how to provide learning opportunities that support the intellectual, social, and personal development of all students, including how to use cultural diversity and individual students' experiences to enrich instruction.

C) The candidate understands how students may differ in their

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approaches to learning, including differences based upon culture or gender.

D) The candidate understands individual and group motivation and behavior.

3) Instructional Strategies

A) The candidate knows how to conduct instructional planning.

B) The candidate knows how to design instruction based upon knowledge of the discipline, students, the community, and curricular goals.

C) The candidate knows how to create instructional opportunities that are adapted to diverse learners, including those with disabilities and those for whom English is not the primary language.

D) The candidate knows how to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.

E) The candidate knows how to use a variety of instructional strategies to encourage students' development of critical thinking, problem-solving, and performance skills.

F) The candidate knows how to use written, verbal, nonverbal, and visual communication techniques effectively to support active inquiry, collaboration, and supportive interaction in the classroom.

4) Assessment

A) The candidate understands formal and informal assessment strategies.

B) The candidate knows how to use formal and informal assessment strategies to support the students' continuous educational development.

5) Professional Knowledge

A) The candidate knows how to develop and maintain collaborative relationships with colleagues, parents/guardians, and the community to support students' learning and well-being.

B) The candidate knows how to select among a variety of strategies in responding to the needs of students, school staff, parents, and other members of the community.

C) The candidate understands the legal and operational aspects of education.

D) The candidate maintains professional standards of conduct.

E) The candidate knows how to provide leadership to improve students' learning and well-being.

b) Effective July 1, 2003, each candidate who is seeking an administrative certificate shall undergo an assessment designed to demonstrate whether he or she meets the standards set forth in this subsection (b) for that certificate and the specific endorsement sought. Receipt of any subsequent endorsement on the administrative certificate shall be contingent upon meeting the applicable

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requirements set forth in Section 25.333, 25.344, or 25.355 of this Part.

1) Leadership

- A) The candidate knows how to articulate a school's mission and goals and to convey a consistent message about the importance of learning.
- B) The candidate knows about a variety of strategies for building support within the school community.

2) School Culture and Instructional Program

- A) The candidate knows how to create and maintain a school culture conducive to students' learning and the professional growth of staff.
- B) The candidate knows how to implement and manage an instructional program conducive to students' learning.
- C) The candidate understands the factors that affect a school's culture and climate and knows how to address a variety of specific problems.

3) Management

- A) The candidate knows about a variety of organizational management strategies that promote a safe, efficient, and effective learning environment.
- B) The candidate knows how to manage schools' resources ethically, legally, efficiently, and effectively.

4) Collaboration with Families and Communities

- A) The candidate knows how to develop and maintain collaborative relationships with colleagues, parents/guardians, and other members of the community, such as representatives of businesses and religious, political, and service-oriented organizations, for the purpose of supporting students' learning and well-being.
- B) The candidate knows how to respond effectively to diverse community interests and needs.
- C) The candidate knows how to mobilize community resources to promote the success of all students.

5) Professional Ethics

- A) The candidate has an understanding of integrity and fairness in the educational context.
- B) The candidate knows and understands professional standards of conduct.

6) The Political, Social, Economic, Legal and Cultural Context of Schooling

- A) The candidate understands the political, social, economic, legal, and cultural context in which schools operate.
- B) The candidate knows how to respond to and influence the schools' political, social, economic, legal, and cultural context.

(Source: Added at 22 Ill. Reg. _____, effective _____)

Section 25.99 Endorsing Teaching Certificates

- a) Elementary and high school teaching certificates will be endorsed with the subject areas a person is qualified to teach upon demonstration that the coursework presented for examination meets the requirements set forth in 23 Ill. Adm. Code 1: Subpart G, Staff Qualifications (Public Schools Evaluation, Recognition and Supervision).
- 1) Coursework presented for endorsement shall be counted toward a specific subject qualification if the course content meets the standards established for the subject as listed in Subpart G of 23 Ill. Adm. Code 1.
- 2) Coursework presented for endorsement will be counted in each subject area to which it applies.
- 3) Applicants for certificates presenting a 32 semester hour major field of specialization, for which qualifications are not specified in Subpart G of 23 Ill. Adm. Code 1, shall have the certificate endorsed with that major field of specialization.
- 4) Applicants for certification who have completed approved programs or who qualify for certification by transcript evaluation shall be evaluated for all endorsement areas and issued a certificate with all endorsements for which they qualify in accordance with subsections (a) and (b) of this Section.
- 5) Individuals seeking to endorse a previously issued certificate or obtain additional endorsements may apply for such endorsements, on forms provided by the State Board of Education, in accordance with the provisions of Section 21-12 of the School Code [105 ILCS 5/21-12].
- A) Applications must be submitted through the office of a Regional Superintendent of Schools and accompanied by a \$30 nonrefundable fee made payable to the State Teacher Certification Board.
- B) Applicants qualifying for an endorsement shall receive a duplicate of their original certificate with the endorsement and date of the endorsement affixed.
- C) Deficiency statements shall be issued when an applicant does not qualify for the requested endorsement(s). Applicants may remove their deficiencies and qualify for endorsements on their original fee, provided that they qualify within the same fiscal year, i.e., between July 1 and June 30 of the year of application. Subsequent requests for the same endorsement(s) shall be accompanied with another fee.
- b) Beginning on July 1, 2003, any person wishing to add an endorsement for the high school level to a secondary certificate must also pass the appropriate subject matter test for that endorsement, if such a test exists.

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(Source: Amended at 22 Ill. Reg. _____, effective _____)

SUBPART E: REQUIREMENTS FOR THE CERTIFICATION OF ADMINISTRATIVE AND SUPERVISORY POSITIONS

Section 25.311 Administrative Certificate

Except as provided in Section 21-5d of the School Code [105 ILCS 5/21-5d], the Administrative certificate requires:

- a) a Master's degree awarded by a recognized teacher education institution; and
- b) completion of a program approved for one of the endorsements specified in Section 25.322 through 25.355 of this Part at a recognized Illinois teacher education institution or satisfaction of the conditions specified in Section 25.425 of this Part.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 25.313 Alternative Route to Administrative Certification

a) Section 21-5d of the School Code [105 ILCS 5/21-5d] provides for the issuance of provisional alternative administrative certificates to eligible candidates, as defined in that Section, who successfully complete a course of study approved by the State Board of Education in consultation with the State Teacher Certification Board.

b) Section 21-5d of the School Code further provides for the issuance of standard administrative certificates to candidates who, after completing the course of study referred to in subsection (a) of this Section, complete an alternative program that also includes:

- 1) one year's full-time administrative work; and
 - 2) a comprehensive assessment of the candidate's performance, culminating in a favorable recommendation by the institution of higher education responsible for the course of study.
- c) Proposals for the establishment of programs meeting the specifications of subsections (a) and (b) of this Section shall be approved if they comply with Section 21-5d of the School Code and this Section. Proposals shall be addressed as follows:

State Board of Education
Alternative Certification Program
100 North First Street
Springfield, Illinois 62777-0001

d) **Proposal Requirements**

- 1) Each proposal shall describe the roles and responsibilities of the participating university and the school districts in which

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candidates will be assigned for the year of practice as full-time administrators.

- 2) Each proposal shall indicate how candidates who do not possess master's degrees shall be determined eligible for the program based on life experience equivalent to a master's degree. In making this determination, institutions shall take into consideration candidates' length and breadth of experience in such areas as:

- A) personnel management, supervision, and evaluation;
- B) long-range planning and evaluation of program effectiveness;
- C) community and public relations;
- D) organizational development and improvement;
- E) finance and budgeting; and
- F) work involving public schools and other educational units.

3) Each proposal shall describe the proposed course of study.

- A) Each proposal shall describe how individual candidates' education and experience will be used in determining the portions of the course of study he or she will be required to complete.

B) Each proposal shall demonstrate how candidates will acquire knowledge of content and skills equivalent to the content and skills contained in the participating institution's program approved pursuant to Section 25.120 of this Part with regard to:

- i) educational management;
- ii) governance and organization; and
- iii) planning.

C) Each program shall include a preservice assessment of each candidate's performance to be conducted by the institution of higher education at the conclusion of the course of study in order to determine the candidate's readiness for the year-long administrative assignment. Each proposal shall state the criteria for the institution's determination of candidates' readiness.

- 4) Each proposal shall describe the proposed arrangements for candidates' assignment to administrative positions under this Section and shall provide for these to be set forth in a formal, written agreement between the participating institution of higher education and the school districts where candidates will practice. Each such agreement shall address the nature and intensity of the support to be provided to candidates by experienced staff members of the district, university staff, and/or other professionals with relevant experience, including at least:

- A) the qualifications and experience of such individuals;
- B) the estimated amount of time these individuals will devote to advising and assisting candidates; and
- C) the specific roles of the assisting individuals.

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- 5) Each proposal shall describe the proposed method of assessing candidates' performance for the year referred to in this Section and shall provide for these to be set forth in a formal, written agreement between the participating institution of higher education and the school districts where candidates will practice. Each such agreement shall include:
- A) the roles of all parties who will participate in the evaluation of candidates; and
 - B) assessment methods capable of demonstrating whether a candidate has acquired knowledge and skills equivalent to those required of candidates pursuing the respective institution's program approved pursuant to Section 25.120 of this Part.
- 6) Each proposal shall delineate the criteria by which candidates will be recommended for certification by the participating institution of higher education.
- e) Each alternative program established pursuant to this Section shall be subject to the Fifth-Year Review described in Section 25.150 of this Part.
- f) The sponsoring institutions of programs established pursuant to this Section shall provide annual reports to the State Teacher Certification Board that describe the programs offered, the number and categories of the candidates who apply to each program, the completion rate for each program, and data regarding placement of individuals who complete each program.

(Source: Added at 22 Ill. Reg. _____, effective _____)

SUBPART I: ILLINOIS CERTIFICATION TESTING SYSTEM

Section 25.720 Applicability of Testing Requirement

- a) Beginning January 1, 1999, July-17-1998, each person seeking a school service personnel or administrative certificate or an initial early childhood, elementary, secondary or special--high--school--school service--personnel--or--administrative certificate must pass the Illinois Certification Testing System's test of basic skills and a test of subject matter knowledge.
- b) The required test of subject matter knowledge is that test which corresponds to the individual's major field of study in a teacher education program in the State of Illinois approved pursuant to Subpart C of this Part.
- c) Persons who are graduates of colleges or universities outside the State of Illinois and who are seeking an Illinois certificate must take the test of basic skills and the subject matter knowledge test which most corresponds to the Illinois field for which application for certification is made. For example, someone seeking to teach whose

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major field of study is urban studies would, in addition to the basic skills test, also take the subject matter knowledge test in the social sciences.

- d) It is the individual's responsibility to take the appropriate subject matter test(s). Upon request, the State Board of Education shall assist individuals in identifying appropriate tests.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 25.APPENDIX B Certificates Available Effective January 1, 1999Early ChildhoodProvisional Alternative Early Childhood Certificate(For Cities of 500,000 or More)Alternative Early Childhood Certificate(For Cities of 500,000 or More)Provisional Alternative Early Childhood Certificate(Statewide)Provisional Early Childhood CertificateInitial Early Childhood CertificateStandard Early Childhood CertificateMaster Early Childhood CertificateElementaryProvisional Alternative Elementary Certificate(For Cities of 500,000 or More)Alternative Elementary Certificate(For Cities of 500,000 or More)Provisional Alternative Elementary Certificate(Statewide)Initial Elementary CertificateStandard Elementary CertificateMaster Elementary CertificateSecondaryProvisional Alternative Secondary Certificate(For Cities of 500,000 or More)Alternative Secondary Certificate(For Cities of 500,000 or More)Provisional Alternative Secondary Certificate(Statewide)Initial Math-Science Certificate 9-12Provisional Secondary CertificateInitial Secondary CertificateStandard Secondary CertificateMaster Secondary CertificateSpecialProvisional Alternative Special Certificate(For Cities of 500,000 or More)Alternative Special Certificate(For Cities of 500,000 or More)

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Provisional Alternative Special Certificate(Statewide)Provisional Special CertificateInitial Special K-12 CertificateStandard Special K-12 CertificateMaster Special K-12 CertificateSchool Service PersonnelProvisional School Service Personnel CertificateSchool Service Personnel CertificateAdministrativeProvisional Alternative Administrative CertificateAdministrative Certificate(Excluding Acting as Principal/Assistant Principal)Provisional Administrative CertificateAdministrative CertificateOtherSubstitute CertificateGeneral CertificatePart-Time Provisional CertificateTemporary Provisional Vocational CertificateProvisional Vocational CertificateTransitional Bilingual CertificateResident Teacher Certificate

(Source: Added at 22 Ill. Reg. _____, effective _____)

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currently hold.

Holders of Standard Special Certificates may exchange them for either a Standard Special or both a Standard Elementary and Standard Secondary. If they choose the Standard Elementary and Standard Secondary Certificates, they will not be qualified to teach self-contained general education classrooms, but will receive on those certificates only the endorsements they hold. They will have the option of adding onto the elementary and secondary certificates any other endorsements for which they qualify.

(Source: Added at 22 Ill. Reg. _____, effective _____)

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Section 25. APPENDIX C Exchange of Certificates

Existing Certificate	Description	Exchanged for:
<u>Early Childhood Certificates:</u>		
02 Early Childhood	To Age 6 excluding K	Standard Early Childhood (0 to 6, excluding K)
04 Early Childhood	Age 0-Grade 3	Standard Early Childhood (0 to grade 3)
06 Kindergarten-Primary	K-3	Standard Early Childhood (K-3)
45 Life Kindergarten	K-3	Standard Early Childhood (K-3)
<u>Elementary Certificates:</u>		
03 Standard Elementary	K-9	Standard Elementary
42 Life Elementary	1-8	Standard Elementary
<u>High School Certificates:</u>		
09 Standard High School	6-12	Standard Secondary
11 Vocational	7-12 Field Endorsed	Standard Secondary
14 Junior College	9-14 Field Endorsed	Standard Secondary
47 Life High School	6-12	Standard Secondary
49 Life Junior College	9-14 Field Endorsed	Standard Secondary
<u>Special Certificates:</u>		
10 Standard Special	K-12 Field Endorsed	Standard Special or both Standard Elementary and Standard Secondary
17 Special Exceptional Children	K-14 Field Endorsed	Standard Special or both Standard Elementary and Standard Secondary
48 Life Special	K-14 Field Endorsed	Standard Special or both Standard Elementary and Standard Secondary
50 Life School Librarian	K-14 Library	Standard Special or both Standard Elementary and Standard Secondary

Individuals who receive Standard Special, Elementary and/or Secondary certificates will receive on those certificates the same endorsements they

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Section 25. APPENDIX D National Board and Master Certificates

Certificate Issued by National Board for Professional Teaching Standards

Equivalent Illinois Certificate

Early Childhood

Middle Childhood

Early and Middle Childhood

Early Adolescence

Adolescence and Young Adulthood

Early Adolescence through Young Adulthood

Early Childhood Master

Elementary Master

Early Childhood Master and

Elementary Master

Elementary Master

Secondary Master

Elementary Master and Secondary

Master

(Source: Added at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF PROPOSED AMENDMENT(S)

1) Heading of the Part: Determination Of Unemployment Contributions

2) Code Citation: 56 Ill. Adm. Code 2770

3) Section Number: 2770.110
Proposed Action: Amended Section

4) Statutory Authority: 820 ILCS 405/1500, 1501, 1503, 1506.1, 1506.2, 1506.3, 1508.1, 1700 and 1701.

5) A Complete Description of the Subjects and Issues Involved: The proposed amendment to Part 2770 announces the 1999 contribution rates for newly liable employers by classification within their Standard Industrial Code. In keeping with our commitment to the Joint Committee on Administrative Rules, we are also repealing the obsolete subsection with the rates for 1993 as it is no longer needed.

6) Will the proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this Rule contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may submit written comments to:

Gregory J. Ramel, Deputy Legal Counsel
Illinois Department of Employment Security
401 South State Street - 7th Floor South
Chicago IL 60605
312-793-4240

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40]. This proposed amendment may have an impact on small businesses and not for profit corporations as defined in Sections 1-75 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75 and 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS

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TITLE 56: LABOR AND EMPLOYMENT

CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY

SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770

DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section	Industrial Classification
2770.100	Contribution Rate For Non Experience-Rated Employers
2770.105	Average Contribution Rates By Standard Industrial Classification
2770.110	(SIC) Codes

SUBPART C: ALTERNATIVE BENEFIT WAGE RATIO (Repealed)

Section	Eligibility To Elect The Alternative Benefit Wage Ratio (Repealed)
2770.150	Approval Of Election Of The Alternative Benefit Wage Ratio
2770.155	(Repealed)
2770.160	Adjustment Of Benefit Wage Charges And The Determination Of The
	Alternative Benefit Wage Ratio (Repealed)
2770.165	Revocation Of Election Of Alternative Benefit Wage Ratio (Repealed)
2770.170	Appeals (Repealed)

SUBPART E: TRANSFER OF BENEFIT WAGES FROM BASE PERIOD TO
SUBSEQUENT EMPLOYER (Repealed)

Section	Definitions (Repealed)
2770.400	Application of Base Period Wages (Repealed)
2770.405	Restriction On Benefit Wage Transfers (Repealed)
2770.410	Benefit Wage Transfer Procedural Requirements (Repealed)
2770.415	Petition For Hearing (Repealed)
2770.420	

SUBPART F: BENEFIT WAGE CANCELLATIONS

Section	Effective Date Of Benefit Wage Cancellations Pursuant To Section
2770.501	1508.1 Of The Act

TABLE A General SIC Classifications

AUTHORITY: Implementing and authorized by Sections 1500, 1501, 1503, 1506.1, 1506.2, 1506.3, 1508.1, 1700, and 1701 of the Unemployment Insurance Act [820 ILCS 405/1500, 1501, 1503, 1506.1, 1506.2, 1506.3, 1508.1, 1700 and 1701].

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100/5-30]. These entities shall indicate their status as a small business or not-for-profit corporation as part of any written comments that they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small business, small municipalities and not for profit corporations affected: The proposed rules affect all businesses equally.

B) Reporting, bookkeeping or other procedures required for compliance:
None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: It is already provided for in Section 2770.105 that the Director shall annually announce the Standard Industrial Code rates for the upcoming year. Since 1984, the Director has been doing so through an amendment to Section 2770.110 so it was thought that it would be redundant to include this rulemaking in a Regulatory Agenda.

The full text of the Proposed Amendment begins on the next page:

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70-09 91-97 99	Estate	
	I--Services	1-3%
	J--Public-Administration	1-5%
	K--Nonclassifiable-Establishments	1-8%

b) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1994, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.5%
10-14	B. Mining	4.1%
15-17	C. Construction	4.4%
20-39	D. Manufacturing	2.7%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	2.6%
50-51	F. Wholesale Trade	2.0%
52-59	G. Retail Trade	1.6%
60-67	H. Finance, Insurance, Real Estate	1.4%
70-89	I. Services	1.5%
91-97	J. Public Administration	1.6%
99	K. Nonclassifiable Establishments	1.9%

b) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1995, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	4.0%
10-14	B. Mining	4.5%
15-17	C. Construction	5.0%
20-39	D. Manufacturing	3.2%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	3.0%
50-51	F. Wholesale Trade	2.4%
52-59	G. Retail Trade	1.9%
60-67	H. Finance, Insurance, Real Estate	1.7%

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SOURCE: Emergency rules adopted as 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 550, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 8208, effective May 30, 1984; recodified from 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 15030; emergency amendments at 8 Ill. Reg. 15088, effective August 8, 1984, for a maximum of 150 days; emergency amendments at 8 Ill. Reg. 22139, effective October 26, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 24117, effective November 30, 1984; amended at 9 Ill. Reg. 4507, effective March 25, 1985; amended at 10 Ill. Reg. 6935, effective April 14, 1986; amended at 10 Ill. Reg. 21683, effective December 15, 1986; amended at 11 Ill. Reg. 9878, effective May 11, 1987; emergency amendments at 12 Ill. Reg. 210, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. Reg. 11213, effective June 20, 1988; amended at 12 Ill. Reg. 12473, effective July 15, 1988; amended at 12 Ill. Reg. 18143, effective October 27, 1988; amended at 12 Ill. Reg. 20477, effective November 28, 1988; amended at 13 Ill. Reg. 11507, effective June 29, 1989; amended at 14 Ill. Reg. 2038, effective January 19, 1990; amended at 14 Ill. Reg. 18280, effective October 30, 1990; amended at 15 Ill. Reg. 172, effective December 28, 1990; amended at 15 Ill. Reg. 8553, effective May 24, 1991; amended at 16 Ill. Reg. 118, effective December 20, 1991; amended at 17 Ill. Reg. 295, effective December 28, 1992; amended at 18 Ill. Reg. 250, effective January 1, 1994; amended at 18 Ill. Reg. 17473, effective January 1, 1995; amended at 20 Ill. Reg. 350, effective January 1, 1996; amended at 21 Ill. Reg. 561, effective January 1, 1997; amended at 21 Ill. Reg. 15496, effective January 1, 1998; amended at 22 Ill. Reg. _____, effective January 1, 1999.

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section 2770.110 Average Contribution Rates By Standard Industrial Classification (SIC) Codes

a) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1993, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A--Agriculture-Forestry-Fishing	3-0%
10-14	B--Mining	3-6%
15-17	C--Construction	3-7%
20-39	D--Manufacturing	2-2%
40-49	E--Transportation-Communication-Electric-Gas-Sanitary-Services	2-2%
50-51	F--Wholesale-Trade	1-6%
52-59	G--Retail-Trade	1-4%
60-67	H--Finance-Inurance-Real Estate	1-2%

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70-89	I. Services	1.2%
91-97	J. Public Administration	1.1%

e) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1998, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.1%
10-14	B. Mining	3.4%
15-17	C. Construction	3.5%
20-39	D. Manufacturing	1.9%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	1.9%
50-51	F. Wholesale Trade	1.5%
52-59	G. Retail Trade	1.2%
60-67	H. Finance, Insurance, Real Estate	1.2%
70-89	I. Services	1.2%
91-97	J. Public Administration	1.1%

f) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1999, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.0%
10-14	B. Mining	3.2%
15-17	C. Construction	3.3%
20-39	D. Manufacturing	1.8%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	1.8%
50-51	F. Wholesale Trade	1.4%
52-59	G. Retail Trade	1.1%
60-67	H. Finance, Insurance, Real Estate	1.1%
70-89	I. Services	1.1%
91-97	J. Public Administration	1.0%

(Source: Amended at 22 Ill. Reg. _____, effective January 1, 1999)

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70-89	I. Services	1.8%
91-97	J. Public Administration	1.6%
99	K. Nonclassifiable Establishments	2.5%

d) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1996, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.9%
10-14	B. Mining	4.3%
15-17	C. Construction	4.7%
20-39	D. Manufacturing	2.8%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	2.7%
50-51	F. Wholesale Trade	2.2%
52-59	G. Retail Trade	1.7%
60-67	H. Finance, Insurance, Real Estate	1.5%
70-89	I. Services	1.7%
91-97	J. Public Administration	1.6%
99	K. Nonclassifiable Establishments	2.4%

e) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1997, as determined by the application of Section 2770.105(a)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.2%
10-14	B. Mining	3.6%
15-17	C. Construction	3.8%
20-39	D. Manufacturing	1.9%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	1.9%
50-51	F. Wholesale Trade	1.5%
52-59	G. Retail Trade	1.2%
60-67	H. Finance, Insurance, Real Estate	1.2%

DEPARTMENT OF HUMAN SERVICES
NOTICE OF PROPOSED REPEALER

- 1) Heading of the Part: Americans with Disabilities Act Grievance Procedure
- 2) Code Citation: 4 Ill. Adm. Code 300
- 3) Section Numbers: Proposed Action:

300.10	Repealed
300.20	Repealed
300.30	Repealed
300.40	Repealed
300.50	Repealed
300.60	Repealed
300.70	Repealed

4) Statutory Authority: Implementing 20 ILCS 1305/80-30(c), Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II Regulations (28 CFR 35), and authorized by the Civil Administrative Code of Illinois [20 ILCS 5/16].

5) A Complete Description of the Subjects and Issues involved: This rule is being repealed and replaced with DHS Part 300 - ADA.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed repealer contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which interested persons may comment on this Proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
(217) 785-9772
TTY: (217) 557-1547

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

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- 12) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: None
 - B) Reporting, bookkeeping or other procedures required for compliance: None
 - C) Types of professional skills necessary form compliance: None
 - 13) Regulatory Agenda on which this rulemaking was summarized: July 1998
- The full text of the Proposed Repealer begins on the next page:

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- d) Nothing in this Part shall preclude DHS-ORS from hearing appeals under 89 Ill. Adm. Code 510, Appeals and Hearings. Further, the Procedure in this Part does not apply to "clients" as defined by 89 Ill. Adm. Code 510.10.

Individuals who fall under the category of "client", as defined in 89 Ill. Adm. Code 510, shall be required to follow the procedures outlined in 89 Ill. Adm. Code 510. Any individual who is unclear as to the Part under which he/she should file an appeal or grievance should first contact the Designated Coordinator.

Section 300.20 Definitions

- a) Complainant
A "Complainant" is an individual with a disability, an individual who has a record of disability, an individual regarded as having a disability or an individual known to have a relationship or association with an individual with a disability who files a Grievance Form provided by DHS-ORS under this Procedure.
- b) Designated Coordinator
The "Designated Coordinator" is the person(s) appointed by the Associate Director, DHS-ORS who is/are responsible for the coordination of efforts of DHS to comply with and carry out its responsibilities under Title II of the ADA, including investigation of grievances filed by complainants. The Designated Coordinator may be contacted at P.O. Box 19429, Springfield, Illinois 62794-9429.
- c) Grievance
A "Grievance" is any complaint under the ADA by an individual or individuals with a disability who:
- 1) meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service offered by DHS-ORS, and
 - 2) believes he or she has been excluded from participation in, or denied the benefits of, any program, service or activity of DHS-ORS or has been subject to discrimination by DHS-ORS.

Section 300.30 Procedures

- a) Grievances must be submitted through the channels defined below in the form and manner as described within the specified time limits. It is mutually desirable and beneficial that grievances be satisfactorily resolved in a prompt manner. Time limits established in this procedure are in calendar days, unless otherwise stated, and may be extended by mutual agreement in writing by the Complainant and the reviewer at the Designated Coordinator and Final Levels.
- b) A Complainant's failure to submit a grievance, or to submit or appeal it to the next level of procedure within the specified time limits shall mean that the Complainant has withdrawn the grievance or has

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TITLE 4: DISCRIMINATION PROCEDURES
CHAPTER IX: DEPARTMENT OF HUMAN SERVICES

PART 300

AMERICANS WITH DISABILITIES ACT GRIEVANCE
PROCEDURE (REPEALED)

Section	Purpose
300.10	Definitions
300.20	Procedures
300.30	Designated Coordinator Level
300.40	Final Level
300.50	Accessibility
300.60	Case-by-case Resolution
300.70	

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3], Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II Regulations (28 CFR 35), and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

SOURCE: Adopted at 16 Ill. Reg. 15102, effective September 21, 1992; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; repealed at 22 Ill. Reg. _____, effective _____.

Section 300.10 Purpose

- a) This Americans With Disabilities Act (ADA) Grievance Procedure (Procedure) is established pursuant to the Americans With Disabilities Act of 1990, 42 USC Section 12101 et seq., and specifically Section 35.107 of the Title II regulations, 28 CFR Part 35, requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the ADA or its regulations to understand the rights, privileges and remedies afforded by it, the Designated Coordinator shall provide such assistance.
- b) In general, the ADA requires that each program, service and activity offered by the Illinois Department of Human Services - Office of Rehabilitation Services (DHS-ORS), when viewed in its entirety, be readily accessible to and usable by qualified individuals with disabilities.
- c) It is the intention of DHS-ORS to foster open communication with all individuals requesting readily accessible programs, services and activities. DHS-ORS encourages supervisors of programs, services and activities to respond to requests for modifications before they become grievances.

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accepted the last response given in the grievance procedure as DHS-ORS' last response.

- c) DHS-ORS shall, upon being informed of that individual's desire to file a formal grievance, instruct the individual how to receive a copy of this procedure and the Grievance Form.

Section 300.40 Designated Coordinator Level

- a) If an individual desires to file a formal written grievance, the individual shall promptly, but no later than 180 days after the alleged discrimination, submit the grievance to the Designated Coordinator in writing on the Grievance Form prescribed for that purpose. The Grievance Form must be completed in full in order to receive proper consideration by the Designated Coordinator.
- b) Upon request, assistance shall be provided by DHS-ORS to complete the Grievance Form.
- c) The Designated Coordinator, or his/her representative, shall investigate the grievance and shall make reasonable efforts to resolve it. The Designated Coordinator shall provide a written response to the Complainant and Associate Director of DHS-ORS within ten (10) business days after receipt of the Grievance Form.

Section 300.50 Final Level

- a) If the grievance has not been resolved at the Designated Coordinator Level to the satisfaction of the Complainant, the Complainant may submit a copy of the Grievance Form and Designated Coordinator's response to the Associate Director of DHS-ORS for final review. The Complainant shall submit these documents to the Associate Director, together with a short written statement explaining the reason(s) for dissatisfaction with the Designated Coordinator's written response, within five (5) business days after receipt by the Complainant of the Designated Coordinator's response.
- b) The Associate Director shall appoint a 3-member panel to review the grievance at the Final Level. One member so appointed shall be designated chairman.
- c) The Complainant shall be afforded an opportunity to appear before the panel. Complainant shall have the right to appoint a representative to appear on his/her behalf. The panel shall review the Designated Coordinator's written response and may conduct interviews and seek advice as it deems appropriate.
- d) Upon reaching a concurrence, the panel shall make recommendations in writing to the Associate Director as to the proper resolution of the grievance. All recommendations shall include reasons for such recommendations and shall bear the signatures of the concurring panel members. A dissenting member of the panel may make a recommendation to the Associate Director in writing and shall also sign such recommendation.

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- e) Upon receipt of recommendations from a panel, the Associate Director shall approve, disapprove or modify the panel recommendations, shall render a decision thereon in writing, shall state the basis therefor, and shall cause a copy of the decision to be served on the parties. The Associate Director decision shall be final. If the Associate Director disapproves or modifies the panel recommendations, the Associate Director shall include written reasons for such disapproval or modification.

Section 300.60 Accessibility

DHS shall ensure that all stages of the procedure are readily accessible to and usable by individuals with disabilities.

Section 300.70 Case-by-case Resolution

Each grievance involves a unique set of factors that includes but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the service, program or activity at issue; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or undue hardship on DHS-ORS. Accordingly, termination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which any other Complainants should rely.

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NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Americans with Disabilities Act Grievance Procedure

2) Code Citation: 4 Ill. Adm. Code 500

3) Section Numbers: Proposed Action:

500.1	Repealed
500.2	Repealed
500.3	Repealed
500.4	Repealed
500.5	Repealed
500.6	Repealed
500.7	Repealed

4) Statutory Authority: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 4-101 of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/4-101].

5) A Complete Description of the Subjects and Issues involved: This rule is being repealed and replaced with DHS Part 300 - ADA.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed rule (amendment, repealer) contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
(217) 785-9772
TTY: (217) 557-1547

If because of physical disability you are unable to put comments into

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary form compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1998

The full text of the Proposed Repealer begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED REPEALER

TITLE 4: DISCRIMINATION PROCEDURES
CHAPTER XVII: DEPARTMENT OF ALCOHOLISM AND SUBSTANCE ABUSE

PART 500

AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE (REPEALED)

Section	
500.1	Purposes
500.2	Definitions
500.3	Procedure
500.4	Designated Coordinator Level
500.5	Final Level
500.6	Accessibility
500.7	Case-by-Case Resolution

AUTHORITY: Implementing Title II, Subtitle A of the Americans With Disabilities Act of 1990 (42 USC 12131-12134), as specified in Title II regulations (28 CFR 35.107), and authorized by Section 4-101 of the Illinois Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/4-101].

SOURCE: Adopted at 16 Ill. Reg. 11426, effective July 6, 1997; repealed at 22 Ill. Reg. _____, effective _____.

Section 500.1 Purposes

- a) This Part establishes an Americans With Disabilities Act (ADA) Grievance Procedure (Procedure) pursuant to the Americans With Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and specifically Section 35.107 of the Title II regulations (28 CFR 35.107) requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the ADA or its regulations to understand the rights, privileges and remedies afforded by it, please contact the Designated Coordinator.
- b) In general, the ADA requires that each program, service and activity offered by the Department of Alcoholism and Substance Abuse (Department), when viewed in its entirety, be readily accessible to and usable by qualified individuals with disabilities.
- c) It is the intent of the Department to foster open communication with all individuals requesting ready access to programs, services and activities. The Department encourages staff to respond to requests for modifications before they become grievances.

Section 500.2 Definitions

"Complainant" is an individual with a disability who files a grievance form provided by the Department in accordance with this Part.

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"Designated Coordinators" are the persons appointed by the Department Director to coordinator the Department's efforts to comply with and carry out its responsibilities under Title II of the ADA, including investigation of grievances filed by complainants. The Designated Coordinators for the Department (General Counsel and/or Associate General Counsel) can be contacted at the Illinois Department of Alcoholism and Substance Abuse, 100 West Randolph Street, Suite 5-600, Chicago, Illinois 60601; (312)814-3840 (voice), or (312)419-8432 (TDD).

"Disability" means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such impairment; or being regarded as having such an impairment.

"Grievance" is any complaint under the ADA by an individual with a disability who meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity or service offered by the Department, and who believes he or she has been excluded from participation in or denied the benefits of any program, service or activity of the Department, or has been subject to discrimination by the Department, on the basis of his or her disability.

"Qualified individual with a disability" means an individual with a disability who, with or without reasonable modifications to rules, policies or practices, the removal of architectural, communication or transportation barriers, or the provision of auxiliary aids and services, meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by the Department.

Section 500.3 Procedure

- a) Grievances shall be submitted in accordance with the procedures established in Sections 500.4 and 500.5 of this Part, in the form and manner described, and within specified time limits. Time limits established in this procedure are in calendar days, unless otherwise stated, and may be extended by mutual agreement in writing by the complainant and the reviewer at the Designated Coordinator and Final Levels.
- b) A complainant's failure to submit a grievance, or to submit or appeal it to the next level of procedure, within the specified time limits shall mean that the complainant has withdrawn the grievance or has accepted the last response given in the grievance procedure as the Department's final response.
- c) The Department shall, upon being informed of an individual's desire to file a formal grievance, instruct the individual how to receive a copy

DEPARTMENT OF HUMAN SERVICES

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of this procedure and the grievance form.

Section 500.4 Designated Coordinator Level

- a) If an individual desires to file a formal written grievance, the individual shall promptly, but no later than 180 days after the alleged discrimination, submit the grievance to a Designated Coordinator in writing on the grievance form prescribed for that purpose. The grievance form shall be completed in full in order to receive proper consideration by the Designated Coordinator, and shall include:

- 1) the complainant's name and, if applicable, address and telephone number;
 - 2) the best means and time for contacting the complainant;
 - 3) the program, activity or service which was denied complainant or in which alleged discrimination occurred;
 - 4) the date and nature of the alleged denial or discrimination;
 - 5) the signature of the complainant, or his/her authorized designee.
- b) Upon request, assistance shall be provided by the Department to complete the grievance form.
- c) A Designated Coordinator or designee shall investigate the grievance and shall make reasonable efforts to resolve it. The Designated Coordinator shall provide a written response to the complainant and to the Director of the Department within ten (10) business days after receipt of the grievance form.

Section 500.5 Final Level

- a) If the grievance is not resolved to the satisfaction of the complainant at the Designated Coordinator Level, the complainant may submit a copy of the grievance form and Designated Coordinator's response to the Director of the Department for final review. The complainant shall submit these documents to the Director, or his or her designee, together with a short written statement explaining the reason(s) for dissatisfaction with the Designated Coordinator's written response, within five (5) business days after receipt by the complainant of the Designated Coordinator's response.
- b) The complainant shall be afforded an opportunity to appear before the Director. The complainant shall have a right to appoint a representative to appear on his or her behalf. The Director shall review the Designated Coordinator's written response and may conduct interviews and seek advice as the Director deems appropriate.
- c) The Director shall approve, disapprove or modify the recommendation of the Designated Coordinator, shall render a decision thereon in writing within thirty (3) days, shall state the basis therefore, and shall cause a copy of the decision to be served on the parties. The Director's decision shall be final. If the Director disapproves or modifies the Designated Coordinator's recommendations, the Director

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- d) shall include written reasons for such disapproval or modification. The grievance form, the Designated Coordinator's response, the statement of reasons for dissatisfaction, and the decision of the Director shall be maintained in accordance with the State Records Act (Ill. Rev. Stat. 1991, ch. 116, par. 43.3 et seq.) or as otherwise required by law.

Section 500.6 Accessibility

The Department shall ensure that all stages of the grievance procedure are readily accessible to and usable by individuals with disabilities.

Section 500.7 Case-by-Case Resolution

Each grievance involves a unique set of factors that includes, but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the service, program or activity at issue; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service or activity or undue hardship on the Department. Accordingly, termination of a grievance at any level, whether through the granting of relief or otherwise, shall not constitute a precedent on which any other complainants should rely.

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NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Customer Rights and Responsibilities2) Code Citation: 89 Ill. Adm. Code 6773) Section Numbers: Proposed Action:

677.20	Amended
677.30	Amended
677.40	Amended
677.50	Amended
677.80	Amended
677.90	Amended
677.200	Amended

4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

5) A Complete Description of the Subjects and Issues involved: The Home Services Program rules are being revised to update cites, terms and references to match the Department of Human Services organization. The amendments in the Section also include amendments of the text in several areas. Section 677.20 is amended to update the bases of discrimination that apply. Section 677.30 is being revised to clarify the purposes for which customer information is gathered. Section 677.40 is being amended to clarify that the choice of living arrangement and persons residing in the dwelling belong to the customer. However, it is noted that these choices may impact the amount or scope of the services received by the customer. Section 677.90 is being revised to better state the Department's position on repayment for services provided. Section 677.200 is being amended to add additional language regarding the employment agreement that the customer must execute with the person the customer is employing as a personal assistant.

6) Will this proposed rule replace an emergency rule currently in effect?
No7) Does this rulemaking contain an automatic repeal date? No8) Does this proposed rule (amendment, repealer) contain incorporations by reference? No9) Are there any other amendments pending on this Part? No10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois

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Register. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
Telephone number: (217) 785-9772
TTY: (217) 557-1547

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary form compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1998

The full text of the Proposed Amendment(s) begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: HOME SERVICES PROGRAM

PART 677

CUSTOMER RIGHTS AND RESPONSIBILITIES

SUBPART A: CUSTOMER RIGHTS

Section

677.10 Assurance of Customer Rights
677.20 Nondiscrimination
677.30 Confidentiality of Information
677.40 Freedom of Choice
677.50 Referral
677.60 Application
677.70 Notice of Action
677.80 Appeal of an Action Taken by HSP DHS
677.90 Repayment of Assistance

SUBPART B: CUSTOMER RESPONSIBILITIES

Section

677.200 Consumer Responsibilities

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

SOURCE: Adopted at 19 Ill. Reg. 5056, effective March 21, 1995; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 22 Ill. Reg. _____, effective _____.

SUBPART A: CUSTOMER RIGHTS

Section 677.20 Nondiscrimination

DHS shall not discriminate against any customer seeking or receiving services through HSP on the basis of his/her race, color, religion, sex, ancestry, marital status, national origin or ancestry, age, handicap, disability, military status or any other status protected by law. ~~political affiliation, sex, disability, national origin or unfavorable discharge from the military.~~

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 677.30 Confidentiality of Information

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All customer information maintained by DHS-ORS for the purposes of administering the funds available under the HSP is confidential and shall only be used for the purpose of the administration of HSP, pursuant to DHS rules found at 89 Ill. Adm. Code 505 - Confidentiality and 89 Ill. Adm. Code 676.110.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 677.40 Freedom of Choice

Under the HSP, a customer ~~an individual~~ has the following rights; however, the choices made by the customer ~~individual~~ may affect the services available through HSP for which the customer ~~individual~~ is eligible or which might otherwise be available.

- A customer ~~An individual~~ shall have the right to apply for and, if eligible, receive services under the program of the customer's ~~individual's~~ choice. Therefore, a customer ~~an individual~~ eligible for both institutional care and HSP services has the right to choose one or the other, but may not receive both at the same time. Institutional care is not available through HSP BERS and, if the customer ~~individual~~ chooses HSP services, DHS-ORS shall have the right to determine the waiver under which the customer will be served and the level of the provider of services.

- At any time, a customer ~~An individual~~ has the right not to accept those HSP services that ~~for which~~ he/she has been determined eligible to receive, through ~~BHS at any time~~. However, if the customer ~~individual~~ chooses to terminate services, he/she may have to reapply for services and undergo another determination of eligibility if he/she later desires services through HSP.

- A customer ~~An individual~~ has the right to choose his/her living arrangement, including the physical dwelling and persons residing in the dwelling. ~~BHS shall not impose a living arrangement on any individual; however~~ However, such choices may impact the amount or scope of the services received by ~~available to~~ the customer. HSP will not impose a living arrangement on any customer ~~due to conditions such as location of the dwelling and impact on necessary services due to others residing in the dwelling~~.

- A customer ~~An individual~~ applying for, or receiving, services through HSP shall have the right to choose medical and non-medical service providers. However, payment may only be made to those service providers which meet the standards established by DHS as found at 89 Ill. Adm. Code 686.711 and who will accept DHS' fees for a specific service approved by DHS, if DHS is to issue payment for the service.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 677.50 Referral

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- a) A customer ~~An--individual~~ has the right to receive information regarding all DHS programs, including HSP.
- b) A customer ~~An--individual~~ has the right to be referred by HSP BHS for other appropriate services, within and outside DHS. The customer's permission must be received in writing prior to HSP BHS making any such referral, pursuant to DHS rules at 89 Ill. Adm. Code 505 - Confidentiality.

Section 677.80 Appeal of an Action Taken by HSP BHS

The customer has the right to appeal an action or inaction on the part of HSP BHS, with certain limitations, as set forth at 89 Ill. Adm. Code 510 - Appeals and Hearings.

Section 677.90 Repayment of Assistance

- a) If the customer's financial status changes, DHS shall not seek repayment for the HSP services provided prior to the date DHS-ORS was knowledgeable of the change. At any time, a customer may voluntarily repay all or part of the costs associated with services provided to him/her.
- a) ~~A-customer-may-voluntarily-repay-all-or-part-of-the--costs--associated-with--services-provided-hm/her-at-anytime-however-BHS-shall-not-seek-repayment-for-such-services-regardless-of--change--in--the--customer's financial-status.~~
- b) DHS shall seek repayment for any and all services determined to have been inappropriately provided to a customer due to false disclosure, omission or misrepresentation of a customer's financial status. Reimbursement shall be sought pursuant to DHS rules found at 89 Ill. Adm. Code 527 - Recovery of Misspent Funds.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

SUBPART B: CUSTOMER RESPONSIBILITIES

Section 677.200 Consumer Responsibilities

It is the responsibility of each customer of HSP to:

- a) provide that information necessary for DHS to process the referral of that individual for HSP services;
- b) provide a mailing and street address, along with directions to the individual's home sufficient for the DHS counselor to locate the individual;
- c) provide a telephone number if the individual has a telephone;
- d) sign an application, if the customer wishes a determination of eligibility to be made for HSP service;
- e) assist DHS' staff on gathering the information necessary to determine

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

eligibility;

- f) sign all required forms which are necessary to comply with applicable federal law or the provisions of the Medicaid Waiver or are necessary to process payment through the Comptroller's Office; ~~----A--customer-receiving-PA-services-must-sign-the-client/provider-Agreement-(09-111-Adm-Code-714-310)-~~
- g) A customer receiving services from a personal assistant (PA) must sign the Employment Agreement between customer and PA to acknowledge his/her understanding of the nature of their employment relationship. The customer as the employer of his/her PA is responsible for controlling all aspects of the employment relationship with the PA, including, without limitation, locating and hiring the PA and, if necessary, disciplining and terminating the employment of the PA;
- h) report all changes in circumstances which may effect eligibility or continued eligibility for services to DHS, as soon as known. Such changes include changes in:
 - 1) address;
 - 2) living arrangement;
 - 3) income or assets;
 - 4) services provided to the individual at no cost to DHS;
 - 5) service needs;
 - 6) medical and/or psychological condition;
 - 7) services providers;
 - 8) absence of the individual from his/her home that affects service provision; and
 - 9) residency or citizenship status;
- i) apply for any and all other financial and service benefits that the customer may be expected to be eligible insofar that eligibility for these services may affect HSP eligibility, level of services required by the individual and cost of services to DHS;
- j) cooperate with HSP BHS projects conducted for the purpose of obtaining or validating general program information or operations where such projects are not related to customer-specific eligibility;
- k) cooperate with service providers, DHS staff, and representatives in complying with HSP service plans, reassessments of eligibility and other administrative rules established in this Subchapter; and
- l) cooperate with DPA in applying for receiving, maintaining and recertifying eligibility for Medicaid.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Individual Care Grants for Mentally Ill Children

2) Code Citation: 59 Ill. Adm. Code 135

3) Section Numbers: Proposed Action:

135.5	New Section
135.10	Amended
135.15	New Section
135.20	Amended
135.30	Amended
135.40	Amended
135.50	Amended
135.60	Repealed
135.70	Amended
135.80	Repealed
135.81	New Section
135.85	New Section
135.90	Amended
135.91	Amended
135.100	Repealed
135.110	Repealed
135.120	Amended
135.130	Amended
135.135	New Section
135.140	Repealed
135.150	Repealed
135.160	Repealed

4) Statutory Authority: Implementing Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/7.1] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

5) A Complete Description of the Subjects and Issues involved: Part 135 is being amended to update language, clarify and expedite the eligibility determination process, delete procedural information, require increased parental participation and input in the treatment process, support consideration of in-home/community-based services in lieu of residential placement or as part of a discharge plan from a residential placement, streamline the eligibility determination process using licensed clinical professionals as single reviewers and institute utilization review procedures.

6) Will this proposed rule replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

DEPARTMENT OF HUMAN SERVICES

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8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which interested persons may comment on this Proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
(217) 785-9772
TTY: (217) 557-1547

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary form compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 1998

The full text of the Proposed Amendment is identical to the text of the emergency amendment that appears in this ~~FRBNOIS-REGIS~~TER on page _____.

DEPARTMENT OF INSURANCE

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Minimum Standards for Individual and Group Medicare Supplement Insurance
- 2) Code Citation: 50 Ill. Adm. Code 2008
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
2008.30	Amendment
2008.40	Amendment
2008.45	New Section
2008.72	Amendment
2008.74	Amendment
2008.75	Renumbered, New Section
2008.76	Renumbered, Amendment
2008.80	Amendment
2008.82	Amendment
2008.90	Amendment
2008.91	Amendment
2008.100	Amendment
2008.Appendix B	Amendment
2008.Appendix C	Amendment
2008.Appendix D	Amendment
2008.Appendix E	Amendment
2008.Appendix F	Amendment
2008.Appendix G	Amendment
2008.Appendix H	Amendment
2008.Appendix I	Amendment
2008.Appendix J	Amendment
2008.Appendix K	Amendment
2008.Appendix L	Amendment
2008.Appendix Q	Amendment
- 4) Statutory Authority: Implementing Sections 363 and 363a and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/363, 363a and 401].
- 5) A Complete Description of the Subjects and Issues Involved: The Department is initiating these amendments in order to update our regulatory standards so they are consistent with both Federal law and the latest NAIC model regulation on Medicare Insurance.
- 6) Will this proposed amendment replace an emergency rule currently in effect? No
- 7) Does this amendment contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: These amendments will not necessitate a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the publication of this Notice to:

David VanLieshout

Assistant Chief Counsel

Department of Insurance

320 West Washington

Springfield IL 62767

(217) 782-2867

Denise Hamilton

Rules Unit Supervisor

Department of Insurance

320 West Washington

Springfield IL 62767

(217) 785-8560
- 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will not affect small business, municipalities or not for profit organizations.

B) Reporting, bookkeeping or other procedures required for compliance: These amendments do not impose any new bookkeeping or reporting requirements.

C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this amendment was summarized: January 1998

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER z: ACCIDENT AND HEALTH INSURANCE

PART 2008

MINIMUM STANDARDS FOR INDIVIDUAL
AND GROUP MEDICARE SUPPLEMENT INSURANCE

Section	Authority
2008.10	Purpose
2008.20	Applicability and Scope
2008.30	Definitions
2008.40	Creditable Coverage
2008.45	Policy Definitions and Terms
2008.50	Policy Provisions
2008.60	Benefit Conversion Requirements During Transition (Repealed)
2008.61	Minimum Benefit Standards for Policies or Certificates Issued for Delivery Prior to the Effective Date of this Part
2008.70	Benefit Standards for Policies or Certificates Issued or Delivered on or After the Effective Date of this Part
2008.71	Standard Medicare Supplement Benefit Plans
2008.72	Medicare Select Policies and Certificates
2008.73	Open Enrollment
2008.74	Guaranteed Issue for Eligible Persons
2008.75	Standards for Claims Payment
2008.7675	Loss Ratio Standards and Refund or Credit of Premium
2008.80	Filing and Approval of Policies and Certificates and Premium Rates
2008.81	Permitted Compensation Arrangements
2008.82	Required Disclosure Provisions
2008.90	Instructions for Use of the Disclosure Statements for Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare
2008.91	Requirements for Application Forms and Replacement Coverage
2008.100	Standards for Marketing
2008.101	Appropriateness of Recommended Purchase and Excessive Insurance
2008.102	Reporting of Multiple Policies
2008.103	Prohibition Against Preexisting Conditions, Waiting Periods, Elimination Periods and Probationary Periods in Replacement Policies or Certificates
2008.104	Severability
2008.110	Effective Date (Repealed)
2008.120	Policy Checklist
APPENDIX A	Outline of Medicare Supplement Coverage-Cover Page
APPENDIX B	Plan A
APPENDIX C	Plan B
APPENDIX D	Plan C
APPENDIX E	Plan D
APPENDIX F	

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Plan E
Plan F or High Deductible Plan F*
Plan G
Plan H
Plan I

Plan J or High Deductible Plan J*

Notice to Applicant Regarding Replacement of Accident and Sickness Insurance

Medicare Supplement Refund Calculation Format

Notice of Medicare Changes

Medicare Supplement Policies Report

Disclosure Statements

APPENDIX N

APPENDIX O

APPENDIX P

APPENDIX Q

AUTHORITY: Implementing Sections 363 and 363a and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5/363, 363a and 401].

SOURCE: Adopted at 6 Ill. Reg. 7115, effective June 1, 1982 and January 1, 1983; codified at 7 Ill. Reg. 3474; emergency amendment at 13 Ill. Reg. 586, effective January 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 8520, effective May 23, 1989; amended at 14 Ill. Reg. 19243, effective November 27, 1990; amended at 16 Ill. Reg. 2766, effective February 11, 1992; corrected at 16 Ill. Reg. 3590; amended at 16 Ill. Reg. 15452, effective September 29, 1992; emergency amendment at 16 Ill. Reg. 19226, effective December 1, 1992, for a maximum of 150 days; emergency expired April 29, 1993; amended at 17 Ill. Reg. 11469, effective July 9, 1993; amended at 20 Ill. Reg. 6393, effective April 28, 1996; amended at 22 Ill. Reg. _____, effective _____.

Section 2008.30 Applicability and Scope

- a) Except as otherwise specifically provided in Sections 2008.70, 2008.76, 2008.75, 2008.80, 2008.81, 2008.90 and 2008.103 of this Part, this Part shall apply to:
- 1) All Medicare supplement policies delivered or issued for delivery in this State on or after June 1, 1982, and
 - 2) All certificates issued under group Medicare supplement policies, which policies or contracts have been delivered or issued for delivery in this State.
- b) This Part shall not apply to:
- 1) "Accident Only" or "Specified Disease" types of policies (Section 363(1)(b) of the Illinois Insurance Code (the Code)), or
 - 2) Policies or health care benefit plans, including group conversion policies, provided to Medicare eligible persons, which policies or plans are not marketed or purported or held to be Medicare supplement policies or benefit plans (Section 363(1)(b) of the Code), or
 - 3) A policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.40 Definitions

For the purposes of this Part:

Applicant means:

in the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and in the case of a group Medicare supplement policy, the proposed certificateholder (Section 363(2)(a) of the Code).

Bankruptcy means when a Medicare+Choice organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in this State.

Certificate means any certificate delivered or issued for delivery in this State under a group Medicare supplement policy (Section 363(2)(b) of the Code).

Certificate Form means the form on which the certificate is delivered or issued for delivery by the issuer.

Continuous Period of Creditable Coverage means the period during which an individual was covered by creditable coverage, if during the period of coverage the individual had no breaks in coverage greater than 63 days.

Code means the Illinois Insurance Code [215 ILCS 5/1-et-seq].

Employee Welfare Benefit Plan means a plan, fund or program of employee benefits as defined in 29 USC 1002 (Employee Retirement Income Security Act).

Insolvency means when an issuer, licensed to transact the business of insurance in this State, has had a final order of liquidation entered against it with a finding of insolvency by a court of competent jurisdiction in the issuer's state of domicile.

Issuer includes insurance companies, fraternal benefit societies, health care service plans, and any other entity delivering or issuing for delivery in this State Medicare supplement policies or

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certificates.

Medicare means the "Health Insurance for the Aged Act", Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare+Choice Plan means a plan of coverage for health benefits under Medicare Part C as defined in Section 1859 found in Title IV, Subtitle A, Chapter 1 of P.L. 105-33, and includes:

Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option) and preferred provider organization plans;

Medicare medical savings account plans coupled with a contribution into a Medicare+Choice medical savings account; and

Medicare+Choice private fee-for-service plans.

Medicare Supplement Policy means a group or individual policy of (accident and sickness) insurance or a subscriber contract (of hospital and medical service associations or health maintenance organizations) other than a policy issued pursuant to a contract under Section 1876 of the Federal Social Security Act (42 USC 8-5-E--Section 1395 et seq.) or an issued policy under a demonstration project specified in 42 USC 8-5-E- Section 1395ss(g)(1) which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare (Section 363(2)(c) of the Code).

Policy Form means the form on which the policy is delivered or issued for delivery by the issuer.

Secretary means the Secretary of the United States Department of Health and Human Services.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.45 Creditable coverage

Creditable coverage means:

a) With respect to an individual, coverage of the individual provided under any of the following:

- 1) A group health plan;
- 2) Health insurance coverage;
- 3) Part A or Part B of Title XVIII of the Social Security Act

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(Medicare);

- 4) Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928;
 - 5) Chapter 55 (CHAMPUS) (10 USC);
 - 6) A medical care program of the Indian Health Service or of a tribal organization;
 - 7) A state health benefits risk pool;
 - 8) A health plan offered under Chapter 89 (Federal Employees Health Benefits Program) (5 USC);
 - 9) A public health plan as defined in federal regulation; and
 - 10) A health benefit plan under Section 5(e) of the Peace Corps Act (22 USC 2504(3)).
- b) Creditable coverage shall not include one or more, or any combination, of the following:
- 1) Coverage only for accident and disability income insurance, or any combination thereof;
 - 2) Coverage issued as a supplement to liability insurance;
 - 3) Liability insurance, including general liability insurance and automobile liability insurance;
 - 4) Workers' compensation or similar insurance;
 - 5) Automobile medical payment insurance;
 - 6) Credit-only insurance;
 - 7) Coverage for on-site medical clinics; and
 - 8) Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.
- c) Creditable coverage shall not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are otherwise not an integral part of the plan:
- 1) Limited scope dental or vision benefits;
 - 2) Benefits for traditional long-term care or long-term care partnership insurance, nursing home care, home health care, community-based care, or any combination thereof; and
 - 3) Such other similar, limited benefits as are specified in federal regulations.
- d) Creditable coverage shall not include the following benefits if offered as independent, noncoordinated benefits:
- 1) Coverage only for a specified disease or illness; and
 - 2) Hospital indemnity or other fixed indemnity insurance.
- e) Creditable coverage shall not include the following if it is offered as a separate policy, certificate or contract of insurance:
- 1) Medicare supplemental health insurance as defined under Section 1882(g)(1) of the Social Security Act;
 - 2) Coverage supplemental to the coverage provided under Chapter 55 (10 USC); and
 - 3) Similar supplemental coverage applied to coverage under a group health plan.

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(Source: Added at 22 Ill. Reg. _____, effective _____)

Section 2008.72 Standard Medicare Supplement Benefit Plans

- a) An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic "core" benefits, as defined in Section 2008.71 of this Part.
- b) No groups, packages or combinations of Medicare supplement benefits other than those listed in this Section shall be offered for sale in this State, except as may be permitted in Sections 2008.71(c)(11) and 2008.73 of this Part.
- c) Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans listed in subsection (e) of this Section below and conform to the definitions in Section 2008.40 of this Part. Each benefit shall be structured in accordance with the format provided in Sections 2008.71(b) and (c) and list the benefits in the order shown in Appendix B of this Part. For purposes of this Section, "structure, language, and format" means style, arrangement and overall content of a benefit.
- d) An issuer may use, in addition to the benefit plan designations required in subsection (c) of this Section above, other designations to the extent permitted by law.
- e) Make-up of benefit plans:
 - 1) Standardized Medicare supplement benefit plan "A" shall be limited to the Basic ("Core") Benefits Common to all Benefit Plans, as defined in Section 2008.71(b) of this Part.
 - 2) Standardized Medicare supplement benefit plan "B" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible as defined in Section 2008.71(c)(1) of this Part.
 - 3) Standardized Medicare supplement benefit plan "C" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible and Medically Necessary Emergency Care in a Foreign Country as defined in Section 2008.71(c)(1), (2), (3) and (8) of this Part respectively.
 - 4) Standardized Medicare supplement benefit plan "D" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and the At-Home Recovery Benefit as defined in Section 2008.71(c)(1), (2), (8) and (10) of this Part respectively.
 - 5) Standardized Medicare supplement benefit plan "E" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible,

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Skilled Nursing Facility Care, Medically Necessary Emergency Care in a Foreign Country and Preventive Medical Care as defined in Section Sections 2008.71(c)(1), (2), (8) and (9) of this Part respectively.

- 6) Standardized Medicare supplement benefit plan "F" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, the Skilled Nursing Facility Care, the Part B Deductible, ~~One-Hundred Percent--~~ 100% of the Medicare Part B Excess Charges, and Medically Necessary Emergency Care in a Foreign Country as defined in Section Sections 2008.71(c)(1), (2), (3), (5) and (8) of this Part respectively.

- 7) Standardized Medicare supplement benefit high deductible plan "F*" shall include only the following: 100% of covered expenses following the payment of the annual high deductible plan "F*" deductible. The covered expenses include the Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A deductible, Skilled Nursing Facility Care, the Medicare Part B deductible, 100% of the Medicare Part B Excess Charges, and Medically Necessary Emergency Care in a Foreign Country as defined in Section 2008.71(c)(1), (2), (3), (5), and (8) respectively. The annual high deductible plan "F*" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "F" policy, and shall be in addition to any other specific benefit deductibles. The annual high deductible plan "F*" deductible shall be \$1500 for 1998 and 1999, and shall be based on the calendar year. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12 month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.

- 8) Standardized Medicare supplement benefit plan "G" shall include only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, ~~Eighty--Percent--~~ 80% of the Medicare Part B Excess Charges, Medically Necessary Emergency Care in a Foreign Country, and the At-Home Recovery Benefit as defined in Section Sections 2008.71(c)(1), (2), (4), (8) and (10) of this Part respectively.

- 9) Standardized Medicare supplement benefit plan "H" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Basic Prescription Drug Benefit and Medically Necessary Emergency Care in a Foreign Country as defined in Section Sections 2008.71(c)(1), (2), (6) and (8) of this Part respectively.

- 10) Standardized Medicare supplement benefit plan "I" shall consist of only the following: The Core Benefit as defined in Section

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2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, ~~One-Hundred-Percent--~~ 100% of the Medicare Part B Excess Charges, Basic Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country and At-Home Recovery Benefit as defined in Section Sections 2008.71(c)(1), (2), (5), (6), (8) and (10) of this Part respectively.

- 11) Standardized Medicare supplement benefit plan "J" shall consist of only the following: The Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A Deductible, Skilled Nursing Facility Care, Medicare Part B Deductible, ~~One-Hundred--Percent--~~ 100% of the Medicare Part B Excess Charges, Extended Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care and At-Home Recovery Benefit as defined in Section Sections 2008.71(c)(1), (2), (3), (5), (7), (8), (9) and (10) of this Part respectively.

- 12) Standardized Medicare supplement benefit high deductible plan "J*" shall consist of only the following: 100% of covered expenses following the payment of the annual high deductible plan "J*" deductible. The covered expenses include the Core Benefit as defined in Section 2008.71(b) of this Part, plus the Medicare Part A deductible, Skilled Nursing Facility Care, Medicare Part B deductible, 100% of the Medicare Part B Excess Charges, Extended Outpatient Prescription Drug Benefit, Medically Necessary Emergency Care in a Foreign Country, Preventive Medical Care Benefit and At-Home Recovery Benefit as defined in Section 2008.71(c)(1), (2), (8), and (10) respectively. The annual high deductible plan "J*" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "J*" policy, and shall be in addition to any other specific benefit deductible. The annual deductible shall be \$1500 for 1998 and 1999, and shall be based on a calendar year. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12 month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.74 Open Enrollment

- a) No issuer shall deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this State, nor discriminate in the pricing of such a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an

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application for a policy or certificate that is submitted prior to or during the ~~six~~-~~4~~ 6⁺ month period beginning with the first day of the month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an insurer shall be made available to all applicants who qualify under this subsection without regard to age.

- b) If an applicant qualifies under subsection (a) of this Section and submits an application during the time period referenced in subsection (a) of this Section and, as of the date of application, has had a continuous period of creditable coverage:

- 1) Of at least 6 months, the issuer shall not exclude benefits based on a preexisting condition, or
- 2) That is less than 6 months, the issuer shall reduce the period of any preexisting condition exclusion by the aggregate of the period of creditable coverage applicable to the applicant as of the enrollment date. The Secretary shall specify the manner of the reduction under this subsection (b)(2).

- c) Except as otherwise provided in subsection (b) of this Section or Section 2008.104 of this Part, subsection (a) of this Section shall not be construed as preventing the exclusion of benefits under a policy, during the first ~~six~~-~~4~~ 6⁺ months, based on a preexisting condition for which the policyholder or certificateholder received treatment or was otherwise diagnosed during the ~~six~~-~~4~~ 6⁺ months before the coverage became effective.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.75 Guaranteed Issue for Eligible Persons

Pursuant to Section 1851(g) of the federal Social Security Act (P.L. 105-33) all Medicare supplement insurance policies shall be guaranteed issue to eligible persons who meet the requirements of this Section effective July 1, 1998.

- a) Guaranteed Issue

- 1) Eligible persons are those individuals described in subsection (b) of this Section who apply to enroll under the policy not later than 63 days after the date of the termination of enrollment described in subsection (b) of this Section, and who submit evidence of the date of termination or disenrollment with the application for a Medicare supplement policy.

- 2) With respect to eligible persons, an issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate described in subsection (c) of this Section that is offered and is available for issuance to new enrollees by the issuer; shall not discriminate in the pricing of such a Medicare supplement policy because of health status,

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claims experience, receipt of health care, or medical condition; and shall not impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.

- b) Eligible person is an individual described in any of the following subsections:

- 1) The individual is enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare; and the plan terminates, or the plan ceases to provide all such supplemental health benefits to the individual;

- 2) The individual is enrolled with a Medicare+Choice organization under a Medicare+Choice plan under Part C of Medicare, and there are circumstances permitting discontinuance of the individual's election of the plan under the first sentence of Section 1851(e)(4) of the federal Social Security Act (P.L. 105-33) which consists of the following:

Effective as of January 1, 2002, an individual may discontinue an election of a Medicare+Choice plan offered by a Medicare+Choice organization other than during an annual, coordinated election period (under Medicare) and make a new election under Section 1851(e)(4) of the federal Social Security Act (P.L. 105-33) if:

- A) The organization's or plan's certification has been terminated or the organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides;

- B) The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the Secretary, but not including termination of the individual's enrollment on the basis described in Section 1851(g)(3)(B) of the federal Social Security Act (where the individual has not paid premiums on a timely basis or has engaged in disruptive behavior as specified in standards under Section 1856), or the plan is terminated for all individuals within a residence area;

- C) The individual demonstrates, in accordance with guidelines established by the Secretary, that:

- i) The organization offering the plan substantially violated a material provision of the organization's contract in relation to the individual, including the failure to provide an enrollee on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide such covered care in accordance with applicable quality standards; or

- ii) The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or

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- D) The individual meets such other exceptional conditions as the Secretary may provide;
- 3) The individual's enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under the first sentence of Section 1851(e)(4) of the federal Social Security Act as delineated above in subsection (b)(2) of this Section and they enrolled under:
- A) An eligible organization under a contract under Section 1876 (Medicare risk or cost);
- B) A similar organization operating under demonstration project authority, effective for periods before April 1, 1999;
- C) An organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan); or
- D) An organization under a Medicare Select policy;
- 4) The individual is enrolled under a Medicare supplement policy and the enrollment ceases because:
- A) Of the insolvency of the issuer or bankruptcy of the nonissuer organization;
- B) Of other involuntary termination of coverage or enrollment under the policy;
- C) The issuer of the policy substantially violated a material provision of the policy; or
- D) The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual;
- 5) The individual was enrolled under a Medicare supplement policy and terminated enrollment and subsequently enrolls, for the first time, with any Medicare+Choice organization under a Medicare+Choice plan under Part C of Medicare, any eligible organization under a contract under Section 1876 (Medicare risk or cost), any similar organization operating under demonstration project authority, an organization under an agreement under Section 1833(a)(1)(A) (health care prepayment plan), or a Medicare Select policy; and the subsequent enrollment is terminated by the enrollee during any period within the first 12 months of such subsequent enrollment (during which the enrollee is permitted to terminate such subsequent enrollment under Section 1851(e) of the Federal Social Security Act); or
- 6) The individual, upon first enrolling under Part B of Medicare at age 65 or older, enrolls in a Medicare+Choice plan under Part C of Medicare, and disenrolls from the plan by not later than 12 months after the effective date of enrollment.
- c) Products to which Eligible Persons are Entitled
- The Medicare supplement policy to which eligible persons are entitled under:
- 1) Subsection (b)(1), (2), (3), and (4) of this Section is a Medicare supplement policy which has a benefit package classified as Plan A, B, C, or F offered by any issuer.

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- 2) Subsection (b)(5) of this Section is the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same issuer, or, if not available, a policy described in subsection (c)(1) of this Section.
- 3) Subsection (b)(6) of this Section shall include any Medicare supplement policy offered by any issuer.
- d) Notification Provisions
- 1) At the time of an event described in subsection (b) of this Section, because of which an individual loses coverage or benefits due to the termination of a contract or agreement, policy, or plan, the organization that terminates the contract or agreement, the issuer terminating the policy, or the administrator of the plan being terminated, respectively, shall notify the individual of his or her rights under this Section, and of the obligations of issuers of Medicare supplement policies under subsection (a) of this Section. Such notice shall be communicated contemporaneously with the notification of termination.
- 2) At the time of an event described in subsection (b) of this Section, because of which an individual ceases enrollment under a contract or agreement, policy, or plan, the organization that offers the contract or agreement, regardless of the basis for the cessation of enrollment, the issuer offering the policy, or the administrator of the plan, respectively, shall notify the individual of his or her rights under this Section, and of the obligations of issuers of Medicare supplement policies under subsection (a) of this Section. Such notice shall be communicated within 10 working days after the issuer receives notification of disenrollment.
- (Source: Old Section 2008.75 renumbered to Section 2008.76 and new Section 2008.75 added at 22 Ill. Reg. _____, effective _____.)
- Section 2008.7675 Standards for Claims Payment**
- a) An issuer shall comply with Section 1882(c)(3) of the Social Security Act (as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) (P.L. 100-203)) by:
- 1) Accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;
- 2) Notifying the participating physician or supplier and the beneficiary of the payment determination;
- 3) Paying the participating physician or supplier directly;

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- 4) Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number, and a central mailing address to which notices from a Medicare carrier may be sent;
 - 5) Paying user fees for claim notices that are transmitted electronically or otherwise; and
 - 6) Providing to the Secretary of Health and Human Services, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.
- b) Compliance with the requirements set forth in subsection (a) of this Section shall be certified on the Medicare supplement insurance experience reporting form found in Appendix P of this Part.

(Source: Renumbered from Section 2008.75 and amended at 22 Ill. Reg. _____, effective _____)

Section 2008.80 Loss Ratio Standards and Refund or Credit of Premium

a) Loss Ratio Standards.

- 1) A Medicare supplement policy form or certificate form shall not be delivered or issued for delivery unless the policy form or certificate form can be expected, as estimated for the entire period for which rates are computed to provide coverage, to return to policyholders and certificateholders in the form of aggregate benefits (not including anticipated refunds or credits) provided under the policy form or certificate form, calculated on the basis of incurred claims experience or incurred health care expenses where coverage is provided by a health maintenance organization on a service rather than reimbursement basis and earned premiums for such period and in accordance with accepted actuarial principles and practices:

- A) At least 75% of the aggregate amount of premiums earned in the case of group policies; or
 - B) At least 65% of the aggregate amount of premiums earned in the case of individual policies.
- 2) All filings of rates and rating schedules shall be made in compliance with 50 Ill. Adm. Code 916 and shall demonstrate that expected claims in relation to premiums comply with the requirements of this Section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.
- 3) For purposes of applying subsection (a) of this Section and Section Subsection 2008.81(c)(2) of this Part, policies issued as a result of solicitations of individuals through the mails or by mass media advertising (including both print and broadcast advertising) shall be deemed to be individual policies.
- 4) For policies issued prior to April 28, 1996 the effective date of

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this Part, expected claims in relation to premiums shall meet:

- A) The originally filed anticipated loss ratio when combined with the actual experience since inception;
 - B) The appropriate loss ratio requirement from subsections (a)(1)(A) and (B) of this Section when combined with actual experience beginning April 28, 1996 to date; and
 - C) The appropriate loss ratio requirement from subsections (a)(1)(A) and (B) of this Section over the entire future period for which the rates are computed to provide coverage.
- b) Refund or Credit Calculation
- 1) An issuer shall collect and file with the Director by May 31 of each year the data contained in Appendix N of this Part for each type in a standard Medicare supplement benefit plan.
 - 2) If, on the basis of the experience as reported, the benchmark ratio since inception (ratio 1) exceeds the adjusted experience calculation is required. The refund calculation shall be done on a statewide basis for each type in a standard Medicare supplement benefit plan. For purposes of the refund or credit calculation, experience on policies issued within the reporting year shall be excluded.
 - 3) For the purposes of this Section, on policies or certificates issued prior to November 5, 1991, the issuer shall make the refund or credit calculation separately for all individual policies (including all group policies subject to an individual loss ratio standard when issued) combined and all other group policies combined for experience after April 28, 1996. The first such report shall be due by May 31, 1998.
 - 4) A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level. Such refund shall include interest from the end of the calendar year to the date of the refund or credit at a rate specified by the Secretary of Health and Human Services, but in no event shall it be less than the average rate of interest for 13-week Treasury notes. A refund or credit against premiums due shall be made by September 30 following the experience year upon which the refund or credit is based.

c) Annual Filing of Premium Rates

An issuer of Medicare supplement policies and certificates issued in this State before or after the effective date of this Part shall file annually its rates, rating schedule and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the Director in accordance with the filing requirements and procedures prescribed by the Director. The supporting documentation shall also demonstrate, in accordance with actuarial standards of practice using reasonable assumptions, that the appropriate loss ratio standards can be expected to be met over

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entire period for which rates are computed. Such demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than ~~three~~-t 37 years.

d) As soon as practicable, but prior to the effective date of revisions **enhancements** in Medicare benefits, every issuer of Medicare supplement policies or certificates in this State shall file with the Department:

1) Appropriate premium adjustments necessary to produce loss ratios as anticipated for the current premium for the applicable policies or certificates. Such supporting documents as are necessary to justify the adjustment shall accompany the filing.

2) An issuer shall make such premium adjustments as are necessary to produce an expected loss ratio under such policy or certificate as will conform with minimum loss ratio standards for Medicare supplement policies and which are expected to result in a loss ratio at least as great as that originally anticipated in the rates used to produce current premiums by the issuer for such Medicare supplement policies or certificates. No premium adjustment which would modify the loss ratio experience under the policy other than the adjustments described herein shall be made with respect to a policy at any time other than upon its renewal date or anniversary date.

3) If an issuer fails to make premium adjustments acceptable to the Director, the Director may order premium adjustments, refunds or premium credits deemed necessary to achieve the loss ratio required by this Section.

4) Any appropriate riders, endorsements or policy forms needed to accomplish the Medicare supplement policy or certificate modifications necessary to eliminate benefit duplications with Medicare. Such riders, endorsements or policy forms shall provide a clear description of the Medicare supplement benefits provided by the policy or certificate.

e) Public Hearings

The Director may conduct a public hearing to gather information concerning a request by an issuer for an increase in a rate for a policy form or certificate form issued before or after the effective date of this Part if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. The determination of compliance is made without consideration of any refund or credit for such reporting period.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.82 Permitted Compensation Arrangements

a) An issuer or other entity may provide commission or other compensation

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to an insurance producer for the sale of a Medicare supplement policy or certificate only if the first year commission or other first year compensation is no more than ~~200-percent-t~~ 200% of the commission or other compensation paid for selling or servicing the policy or certificate in the second year or period.

b) The commission or other compensation provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for no fewer than five renewal years.

c) No issuer or other entity shall provide compensation to its insurance producers and no insurance producer shall receive compensation greater than the renewal compensation payable by the replacing issuer on renewal policies or certificates if an existing policy or certificate is replaced.

d) For purposes of this Section, "compensation" includes pecuniary or non-pecuniary remuneration of any kind relating to the sale or renewal of the policy or certificate including but not limited to bonuses, gifts, prizes, awards and finders fees.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008.90 Required Disclosure Provisions

a) General Rules

1) Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision must be consistent with the type of contract issued. Such provision shall be appropriately captioned and shall appear on the first page of the policy and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.

2) Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured or exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with an accompanying increase in premium during the policy term shall be agreed to in writing and signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, except if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or

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endorsements, such premium charge shall be set forth in the policy.

- 3) Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary," or words of similar import.
 - 4) If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "preexisting Condition Limitations."
 - 5) Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within thirty--~~30~~ days of its delivery and to have the premium refunded directly to him or her in a timely manner if, after examination of the policy or certificate, the insured person is not satisfied for any reason.
 - 6) Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person(s) eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare approved by the Director of Insurance and in type size no smaller than 12 point type. Delivery of the Guide shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this Part. Except in the case of direct response issuers, delivery of the Guide shall be made to the applicant at the time of application and acknowledgement of receipt of the Guide shall be obtained by the issuer. Direct response issuers shall deliver the Guide to the applicant upon request but not later than at the time the policy is delivered.
- b) Identification Cards. Identification cards provided to the policyholder(s) must reflect the name of the issuer rather than a corporate name and must also identify which plan coverage is being provided to the policyholder.
- c) Policy Checklist
- 1) In order to determine what policy or certificate is appropriate and non-duplicative, a policy checklist must be completed in the presence of the applicant at the point of sale. Copies of the checklist, completed and duly signed are to be provided to the applicant and the issuer. This requirement does not apply to direct response solicitations.
 - 2) The checklist required by subsection (c) ~~to~~(1) of this Section above shall provide substantially the form prescribed in Appendix A of this Part.
 - 3) Issuers issuing Medicare supplement policies for delivery in this State shall not issue a Medicare supplement policy unless all

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information requested in the policy checklist is provided.

d) Notice Requirements

- 1) As soon as practicable, but no later than thirty--~~30~~ days prior to the annual effective date of Medicare benefit changes, an insurer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in the format prescribed in Appendix O of this Part. Such notice shall:
 - A) Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate, and
 - B) Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.
- 2) The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension. This notice shall be plainly printed in no smaller than twelve--~~12~~ point type.
- 3) Such notices shall not contain or be accompanied by any solicitation.

e) Outline of Coverage Requirements for Medicare Supplement Policies

- 1) Issuers shall provide an outline of coverage to all applicants at the time the application is presented to the prospective applicant, and except for direct response policies, shall obtain an acknowledgement of receipt of such outline from the applicant.
- 2) If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than twelve--~~12~~ point type, immediately above the company name:

NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has not been issued.
- 3) In addition to the statement required by subsection (e)~~to~~(2) of this Section, each revised outline of coverage accompanying a policy or certificate issued on a basis other than that originally applied for, shall contain the following notice appearing in no less than twelve--~~12~~ point type:

WARNING: The (policy or certificate) you have received is not the same as the one for which you made application. The outline of coverage provided to applicants pursuant to this subsection (e)(4) shall consist of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. Please see Appendix B of this Part. The outline of coverage shall be in the

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language and format prescribed in Appendix B in no less than ~~twelve~~-12 point type. All plans A through J* "A-g" shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

- 5) The outline of coverage shall follow the format in Appendix B of this Part. The term "certificate" should be substituted for the word "policy" throughout the outline of coverage where appropriate.

f) Notice Regarding Policies or Certificates Which are Not Medicare Supplement Policies

- 1) Any accident and sickness insurance policy or certificate, other than a Medicare supplement policy, a policy issued pursuant to a contract under Section 1876 of the Federal Social Security Act (42 USC 8-5-67, Section 1395 et seq.), disability income policy, or other policy identified in Section 208.30(b)(3) of this Part issued for delivery in this State to persons eligible for Medicare, shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than ~~twelve~~-12 point type and shall contain the following language:

THIS (POLICY OR CERTIFICATE) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CERTIFICATE). IT DOES NOT FULLY SUPPLEMENT YOUR FEDERAL MEDICARE HEALTH INSURANCE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

- 2) Using the applicable statement found in Appendix Q of this Part, applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subsection ~~f)(1)~~ of this Section ~~f)(1)~~-above shall disclose the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as part of, or together with, the application for the policy or certificate.

g) Filing Requirements for Advertising

An issuer of Medicare supplement insurance or benefits in this State shall provide a copy of any Medicare supplement advertisement intended for use in this State whether through written, radio or television medium to the Director of Insurance of this State for review by the Director to the extent it may be required under State law.

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(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 208.91 Instructions for Use of the Disclosure Statements for Health Insurance Policies Sold to Medicare Beneficiaries that Duplicate Medicare

- a) Section 1882(d) of the Federal Social Security Act ~~Federal--law--P-5-~~103-432r prohibits the sale of health insurance policies (the term policy or policies includes certificates) that duplicate Medicare benefits unless the policy will pay benefits without regard to other health coverage and the policy includes the prescribed disclosure statement on, or together with, the application.

- b) All types of health insurance policies that duplicate Medicare shall include one of the disclosure statements found in Appendix Q of this Part, according to the particular policy type involved, on the application or together with the application. The disclosure statement may not vary from those found in Appendix Q of this Part in terms of language or format (type size, type proportional spacing, bold character, line spacing, and usage of boxes around text).

- c) State and Federal law prohibits insurers from selling a Medicare supplement policy to a person that already has a Medicare supplement policy except as a replacement.

- d) Property/Casualty and Life insurance policies are not considered health insurance.

- e) Disability income policies are not considered to provide benefits that duplicate Medicare.

- f) Traditional long-term care or long-term care partnership insurance policies that coordinate with Medicare and other health insurance are not considered to provide benefits that duplicate Medicare.**

- g) The Federal law does not preempt Illinois law.**

- h) The Federal law does not preempt existing Illinois form filing requirements.**

- i) Section 1882 of the Federal Social Security Act was amended in subsection (d)(3)(A) to allow for alternative disclosure statements. The disclosure statements already in Appendix Q remain. Issuers may use either disclosure statements with the requisite insurance product. However, issuers should use either the original disclosure statements found in Appendix Q of this Part or the alternative disclosure statements, not use both simultaneously.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 208.100 Requirements for Application Forms and Replacement Coverage

- a) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another Medicare supplement or other health

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insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and insurance producer containing such questions and statements may be used.

[STATEMENTS]:

- 1) You do not need more than one Medicare supplement policy.
- 2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- 3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- 4) The benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days after becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstituted if requested within 90 days after losing Medicaid eligibility.
- 5) Counseling services may be available in this State to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the State Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

[QUESTIONS]

To the best of your knowledge,

- 1) Do you have another Medicare supplement policy or certificate in force?
 - A) If so, with which company?
 - B) If so, do you intend to replace your current Medicare supplement policy with this policy (certificate)?
- 2) Do you have any other health insurance coverage that provides benefits similar to this Medicare supplement policy?
 - A) If so, with which company?
 - B) What kind of policy?
- 3) Are you covered for medical assistance through the State Medicaid program?
 - A) As a Specified Low Income Medicare Beneficiary (SLMB)?
 - B) As a Qualified Medicare Beneficiary (QMB)?
 - C) For other Medicaid medical benefits?
- b) Insurance producers ~~Agents~~ shall list any other health insurance policies they have sold to the applicant.

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- 1) List policies sold which are still in force.
- 2) List policies sold in the past ~~five-t~~ 5+ years which are no longer in force.
- c) In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.
- d) Upon determining that a sale will involve replacement of Medicare supplement, an issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of accident and sickness coverage. One copy of such notice signed by the applicant and the insurance producer shall be provided to the applicant and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of accident and sickness coverage in the form prescribed in Appendix M of this Part.
- e) The notice required by subsection (d) above for an issuer, other than a direct response issuer, shall be provided in the form prescribed in Appendix M of this Part in no less than ~~twelve-t~~ 12+ point type.
- f) Subsections (1) and (2) of Appendix M (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve application of a new preexisting condition limitation.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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SECTION 2008. APPENDIX B Outline Of Medicare Supplement Coverage--Cover Page

[COMPANY NAME]

Outline of Medicare Supplement Coverage--Cover Page:
Benefit Plan(s) _____ (insert letter(s) of plan(s) being offered)

Medicare supplement insurance can be sold in only ten standard plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan "A". Some plans may not be available in Illinois.

BASIC BENEFITS: Included in All Plans.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (20% of Medicare-approved expenses).

Blood: First three pints of blood each year.

A	B	C	D	E
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At-Home Recovery	
				Preventive Care

(continued)

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F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance	Skilled Nursing Co-Insurance
Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
Part B Deductible					Part B Deductible	Part B Deductible
Part B Excess (100%)	Part B Excess (80%)			Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
	At-Home Recovery			At-Home Recovery	At-Home Recovery	At-Home Recovery
			Basic Drugs (\$1250.14 limit)	Basic Drugs (\$1250.14 limit)	Basic Drugs (\$1250.14 limit)	Basic Drugs (\$1250.14 limit)
					Extended Drugs (\$3,400 limit)	Extended Drugs (\$3,400 limit)
					Preventive Care	Preventive Care

Plans F and J also have an option called a high deductible plan F and a high deductible plan J*. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year (\$1500) deductible. Benefits from high deductible plans F and J will not begin until out-of-pocket expenses are (\$1500). Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but does not include, in plan J, the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign travel emergency deductible.

NOTE.

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear above. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear above. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

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PREMIUM INFORMATION [Boldface Type]

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this State. [If the premium is based on the increasing age of the insured, include information specifying when premiums will change.]

DISCLOSURES [Boldface Type]

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline, describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY [Boldface Type]

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT [Boldface Type]

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE [Boldface Type]

This policy may not fully cover all of your medical costs.

(for producers:)

Neither (insert company's name) nor its agents are connected with Medicare.

(for direct response:)

(insert company's name) is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "The Medicare Handbook" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT [Boldface Type]

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is

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guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified on the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in Appendices C through L of this Part ~~the charts~~.] No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this Appendix. An issuer may use additional benefit plan designations on these charts pursuant to Section 2008.72(d) of this Part.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the Director of Insurance.]

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 2008. APPENDIX C Plan A

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used -Additional 365 days -Beyond the Additional 365 days	All but \$ _____ \$662- All but \$ _____ \$468 a day All but \$ _____ \$266- a day \$0 \$0	\$0 \$ _____ \$163 a day \$ _____ \$226 a day 100% of Medicare Eligible Expenses \$0	\$ _____ \$652 (Part A Deductible) \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-ap- proved facility within 30 days after leav- ing the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ _____ \$78.50- a day \$0	\$0 \$0 \$0	\$0 Up to \$ _____ \$78.50 a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to re- ceive these services	All but very limited co- insurance for out-pa- tient drugs and inpa- tient respite care	\$0	Balance

(continued)

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NOTICE OF PROPOSED AMENDMENTS
(Plan A Continued)

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(Source: Amended at 22 Ill. Reg. _____, effective _____)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE			
MEDICARE APPROVED SERVICES			
-Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 008. APPENDIX D Plan B

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$ _____ \$652- Deductible)	\$ _____ \$652-Part A Deductible)	\$0
61st thru 90th day	All but \$ _____ \$163- a day	\$ _____ \$163 a day	\$0
91st day and after; -While using 60 lifetime reserve days	All but \$ _____ \$26- a day	\$ _____ \$26 a day	\$0
-Once lifetime reserve days are used; -Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$ _____ \$28.50 a day	\$0	Up to \$ _____ \$28.50 a day
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

(continued)

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NOTICE OF PROPOSED AMENDMENTS

(Plan B Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 2008. APPENDIX E Plan C

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$ _____ \$652-	\$ _____ \$652 (Part A Deductible)	\$0
61st thru 90th day	All but \$ _____ \$163-	\$ _____ \$163 a day	\$0
91st day and after;			
-While using 60 lifetime reserve days	All but \$ _____ \$326-	\$ _____ \$326 a day	\$0
-Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-ap- proved facility within 30 days after leav- ing the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$ _____ \$78.50-	Up to \$ _____ \$78.50/- a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to re- ceive these services	All but very limited co- insurance for out-pa- tient drugs and inpa- tient respite care	\$0	Balance

(continued)

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(Plan C Continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan C Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

OTHER BENEFITS-Not Covered By Medicare

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)†	\$0 generally 80% \$0	\$100 (Part B Deductible) generally 20% \$0	\$0 \$0 All costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 \$0 80%	\$0 \$100 (Part B Deductible) 20%	\$0 \$0 \$0
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SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$ _____, \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$ _____, \$50,000.	\$ _____, \$250. 20% and amounts over the \$ _____, \$44,400 lifetime maximum

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 2008. APPENDIX F Plan D

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$ _____ \$652- Deductible	(\$ _____) \$652 (Part A Deductible)	\$0
61st thru 90th day	All but \$ _____ \$163- a day	(\$ _____) \$163 a day	\$0
91st day and after; -While using 60 lifetime reserve days	All but \$ _____ \$326- a day	(\$ _____) \$326 a day	\$0
-Once lifetime reserve days are used: -Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-ap- proved facility within 30 days after leav- ing the hospital	All approved amounts	\$0	\$0
First 20 days	All but \$ _____ \$78.50- a day	Up to \$ _____ \$78.50- a day	\$0
21st thru 100th day	\$0	\$0	All costs
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to re- ceive these services	All but very limited co- insurance for out-pa- tient drugs and inpa- tient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan D Continued)
MEDICARE (PARTS A & B)-(CONTINUED)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

(continued)

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit	\$0	Actual Charges to (\$) \$40-a visit	Balance
-Number of visits covered (must be received within 8 weeks of last Medicare Approved visit)	\$0	Up to the number of Medicare Approved visits, not to exceed 7 each week	
-Calendar year maximum	\$0	(\$) \$1,600-	

OTHER BENEFITS-Not Covered By Medicare

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First (\$) \$250 each calendar year Remainder of Charges	\$0	\$0	(\$) \$250 20% and amounts over the (\$) \$50,000 lifetime maximum
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(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

Section 2008. APPENDIX G Plan E

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$ _____ \$652	(\$ _____ \$652 (Part A Deductible)	\$0
61st thru 90th day	All but \$ _____ \$163 a day	\$ _____ \$163 a day	\$0
91st day and after: -While using 60 lifetime reserve days	All but \$ _____ \$206 a day	\$ _____ \$206 a day	\$0
-Once lifetime reserve days are used	\$0	100% of Medicare Eligible Expenses	\$0
-Additional 365 days	\$0	\$0	All costs
-Beyond the Additional 365 days			
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-ap- proved facility within 30 days after leav- ing the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$ _____ \$76.54 a day	Up to \$ _____ \$76.54 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to re- ceive these services	All but very limited co- insurance for out-pa- tient drugs and inpa- tient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

NOTICE OF PROPOSED AMENDMENTS

(Plan E Continued)

(Plan E Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

OTHER BENEFITS-Not Covered By Medicare

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	\$100 (Part B Deductible)
	generally 80%	generally 20%	\$0
	\$0	\$0	All costs
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100%	\$0	\$0
	\$0	\$0	\$100 (Part B Deductible)
	80%	20%	\$0

(continued)

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008. APPENDIX H Plan F or High Deductible Plan F

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row

**This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$1500 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$1500. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE ** PLAN YOU PAY	IN ADDITION TO \$1600 DEDUCTIBLE ** YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after, -While using 60 lifetime reserve days -Once lifetime reserve days are used. -Additional 365 days -Beyond the Additional 365 days	All but \$ _____ \$652- Deductible) All but \$ _____ \$162- a day All but \$ _____ \$396- a day \$0 \$0	\$ _____ \$652 (Part A Deductible) \$ _____ \$162 a day \$ _____ \$396 a day 100% of Medicare Eligible Expenses \$0 All costs	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ _____ \$76-56 a day \$0 \$0	\$0 Up to \$ _____ \$76-56 a day \$0 All costs	\$0 \$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0 \$0	\$0 \$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient respite care	\$0	Balance

(continued)

(Plan F or High Deductible Plan F Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**This high deductible plan pays the same or offers the same benefits as Plan F after one has paid a calendar year \$1500 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$1500. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE ** PLAN YOU PAY	IN ADDITION TO \$1600 DEDUCTIBLE ** YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$100 (Part B Deductible) generally 20% 100%	\$0 \$0 \$0
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$100 (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0
PARTS A & B			
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$100 (Part B Deductible) 20%	\$0 \$0 \$0

(continued)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

(Plan F or High Deductible Plan F Continued)

OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE** YOU PAY
FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care ser- vices beginning during the first 60 days of each trip outside the USA First \$ _____ \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of (\$ _____ \$50,000	\$ _____ \$250 20% and amounts over the (\$ _____ \$60,000 lifetime maximum

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DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

Section 2008. APPENDIX I Plan G

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used -Additional 365 days -Beyond the Additional 365 days	All but \$ _____ \$652- Deductible) All but \$ _____ \$163- a day All but \$ _____ \$326- a day \$0 \$0	\$ _____ \$652 (Part A Deductible) \$ _____ \$163 a day \$ _____ \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ _____ \$75-50 a day \$0	\$0 Up to \$ _____ \$75-50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

(Plan G Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts Part B Excess Charges (Above Medicare Approved Amounts)	\$0 generally 80% \$0	\$0 generally 20% 80%	\$100 (Part B Deductible) \$0 20%
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES- BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

(Plan G Continued)

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES- NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit \$0 -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) \$0 -Calendar year maximum \$0		Actual Charges to (\$) \$48 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week (\$) \$1-680-	Balance

OTHER BENEFITS

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First (\$)-\$250 each calendar year Remainder of Charges \$0		\$0 80% to a lifetime maximum benefit of (\$) \$50,000	(\$) \$260- 20% and amounts over the (\$) \$50,000 lifetime maximum
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(Source: Amended at 22 Ill. Reg. , effective)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 22 Ill. Reg. , effective)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

Section 2008. APPENDIX J Plan H

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but (\$ _____) \$652	(\$ _____) \$652 (Part A Deductible)	\$0
61st thru 90th day	All but (\$ _____) \$163 a day	(\$ _____) \$163 a day	\$0
91st day and after:			
-While using 60 lifetime reserve days	All but (\$ _____) \$326 a day	(\$ _____) \$326 a day	\$0
-Once lifetime reserve days are used:			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0
-Beyond the Additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but (\$ _____) \$75-59 a day	Up to (\$ _____) \$75-59 a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan H Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.			
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment	100%	\$0	\$0
First \$100 of Medicare Approved Amounts*	\$0	\$0	\$100 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan H Continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

OTHER BENEFITS-Not Covered By Medicare

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL--NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$ _____ \$250 each calendar year Remainder of Charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$ _____ \$66,000 \$ _____ \$66,000 lifetime maximum	\$ _____ \$250- 20% and amounts over the \$ _____ \$66,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS--NOT COVERED BY MEDICARE First \$ _____ \$250 each calendar year Next \$ _____ \$2,500 each calendar year Over \$ _____ \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%-\$ _____ \$1,250 calendar year maximum benefit \$0	\$ _____ \$250- 50% All costs

(Source: Amended at 22 Ill. Reg. _____, effective _____)

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$ _____ \$652- All but \$ _____ \$163- a day All but \$ _____ \$325- a day \$0 \$0	\$ _____ \$652 (Part A Deductible) \$ _____ \$163 a day \$ _____ \$325 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$ _____ \$78-56 a day \$0	\$0 Up to \$ _____ \$78-56 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan I Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT: such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 generally 80%	\$0 generally 20%	\$100 (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints Next \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$100 (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$100 (Part B Deductible) \$0
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DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan I Continued)

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES-NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0 \$0 \$0	Actual Charges to \$ _____ \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week \$ _____ \$1,680-	Balance

OTHER BENEFITS

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$ _____ \$250 each calendar year Remainder of Charges*	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$ _____ \$50,000	\$ _____ \$250 20% and amounts over the \$ _____ \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE First \$ _____ \$250 each calendar year Next \$ _____ \$2,500 each calendar year Over \$ _____ \$2,500 each calendar year	\$0 \$0 \$0	\$0 50%-1\$ _____ \$1,250 calendar year maximum benefit \$0	\$ _____ \$250 50% All costs

(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 2008. APPENDIX L Plan J or High Deductible Plan J

MEDICARE (PART A)-Hospital Services-Per Benefit Period

Companies must add the current fixed dollar amount authorized by Medicare where the brackets appear below. The dollar amount is updated periodically by Medicare and companies must reflect these changes to their outlines of coverage in a timely manner.

* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year \$1500 deductible. Benefits from high deductible plan J will not begin until out-of-pocket expenses are \$1500. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE ** PLAN YOU PAY	IN ADDITION TO \$1500 DEDUCTIBLE ** PLAN YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after; -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but (\$ _____) \$652- All but (\$ _____) \$163- a day All but (\$ _____) \$326- a day \$0 \$0	\$ _____ \$652 (Part A Deductible) \$ _____ \$163 a day \$ _____ \$326 a day 100% of Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but (\$ _____) \$78-56 a day \$0	\$0 Up to \$ _____ \$78-56 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited co-insurance for out-patient drugs and inpatient respite care	\$0	Balance

(continued)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS
(Plan J or High Deductible Plan J Continued)

MEDICARE (PART B)-Medical Services-Per Calendar Year

*Once you have been billed \$100 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**This high deductible plan pays the same or offers the same benefits as Plan J after one has paid a calendar year \$1500 deductible. Benefits from the high deductible plan J will not begin until out-of-pocket expenses are \$1500. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate prescription drug deductible or the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE** YOU PAY
MEDICAL EXPENSES-IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. First \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	generally 80%	generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$100 of Medicare Approved Amounts*	\$0	\$100 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES-BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies -Durable medical equipment First \$100 of Medicare Approved Amounts*	100%	\$0	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

(continued)

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NOTICE OF PROPOSED AMENDMENTS
(Plan J Continued)

MEDICARE (PARTS A & B)-(CONTINUED)

PARTS A & B (cont'd)

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1500 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1500 DEDUCTIBLE** YOU PAY
HOME HEALTH CARE (cont'd) AT-HOME RECOVERY SERVICES--NOT COVERED BY MEDICARE Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan -Benefit for each visit -Number of visits covered (must be received within 8 weeks of last Medicare Approved visit) -Calendar year maximum	\$0	Actual Charges to (\$) \$40 a visit Up to the number of Medicare Approved visits, not to exceed 7 each week (\$) \$1,600	Balance

OTHER BENEFITS-Not Covered By Medicare

FOREIGN TRAVEL-NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First (\$) \$250 each calendar year Remainder of Charges*	\$0	\$0	(\$) \$250 20% and amounts over the (\$) \$50,000 lifetime maximum
BASIC OUTPATIENT PRESCRIPTION DRUGS-NOT COVERED BY MEDICARE First (\$) \$250 each calendar year Next (\$) \$6,000 each calendar year Over (\$) \$6,000 each calendar year	\$0	\$0	(\$) \$250 50% All costs

(continued)

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(Plan J or High Deductible Plan J Continued)

OTHER BENEFITS-Not Covered By Medicare (cont'd)

*Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$1600 DEDUCTIBLE** PLAN PAYS	IN ADDITION TO \$1600 DEDUCTIBLE** YOU PAY
*PREVENTIVE MEDICAL CARE BENEFIT-NOT COVERED BY MEDICARE Some annual-Annual physical and pre- ventive tests and services such as: fecal- occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education. adminis- tered or ordered by your doctor when not covered by Medicare			
First \$ _____ \$120-each calendar year	\$0	\$ _____ \$120-	\$0
Additional charges	\$0	\$0	All costs

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(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE
NOTICE OF PROPOSED AMENDMENTS

Section 2008.APPENDIX Q Disclosure Statements

All types of health insurance policies that duplicate Medicare shall include one of the following disclosure statements according to the particular policy type involved, on the application or together with the application. The disclosure statement language and format may not vary in type size, type proportional spacing, bold character, line spacing or usage of boxes around text from those presented below.

- a) For policies that provide benefits for expenses incurred for an accidental injury only:

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses that result from accidental injury. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays hospital medical expenses up to the maximum stated in the policy.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or state-senior-insurance-counseling-program.

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- b) For policies that provide benefits for specified limited services:

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when any of the services covered by the policy are also covered by Medicare.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or-state-senior-insurance-counseling-program.

- c) For policies that reimburse expenses for specified disease(s) or other specified impairments. This includes expense incurred cancer, specified disease and other types of health insurance policies that limit reimbursement to named medical conditions:

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

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This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays hospital or medical expenses up to the maximum stated in the policy.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- hospice,
- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or-state-senior-insurance-counseling-program.

- d) For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy:

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

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This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- hospice,
- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or ~~state-senior-insurance-counseling-program~~.

- e) For indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies:

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when any expenses or services covered by the policy are also covered by Medicare.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- hospice,

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- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already have.
For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or ~~state-senior-insurance-counseling-program~~.

- f) For policies that provide benefits for both expenses incurred and fixed indemnity basis:

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers the same event.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,
- hospice care,
- other approved items and services.

Before You Buy This Insurance

- Check the coverage in all health insurance policies you already

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have.

- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or state-senior-insurance-counseling-program.

g) For---long-term---care---policies---providing---both---nursing---home---and non-institutional-coverage:

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal-law-requires-us-to-inform-you-that-this-insurance-duplicates Medicare-benefits-in-some-situations:

- This-is--long-term-care--insurance--that--provides-benefits-for covered-nursing-home-and-home-care-services.
- In-some-situations-Medicare-pays-for-short-periods-of--skilled nursing-home-care--limited-home-health-services-and-hospice-care.
- This---insurance--does--not--pay--your--Medicare--deductibles--or coinsurance--and-is--not--a--substitute--for--Medicare--Supplement insurance.

Neither--Medicare--nor-Medicare-Supplement-insurance-provides-benefits for-most-long-term-care-expenses.

Before-You-Buy-This-Insurance

- Check-the-coverage-in-all-health-insurance-policies--you--already have:
- For--more--information--about--long-term-care-insurance--review-the Shopper's-Guide-to-Long-Term-Care-insurance--available--from--the insurance-company.
- For--more--information--about--Medicare--and--Medicare-Supplement insurance--review-the-Guide-to-Health-insurance--for--people--with Medicare--available--from--the-insurance-company.
- For--help--in--understanding--your-health-insurance--contact-your state-insurance-department-or-state-senior--insurance--counseling program.

h) For-policies-providing-nursing-home-benefits-only:

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**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal-law-requires-us-to-inform-you-that-this-insurance-duplicates Medicare-benefits-in-some-situations:

- This-insurance-provides-benefits-primarily--for--covered--nursing home-services.
- In--some--situations--Medicare--pays--for-short-periods-of--skilled nursing-home-care-and-hospice-care.
- This---insurance--does--not--pay--your--Medicare--deductibles---or coinsurance--and-is--not--a--substitute--for--Medicare-Supplement insurance.

Neither-Medicare-nor-Medicare-Supplement-insurance-provides-benefits for-most-nursing-home-expenses.

Before-You-Buy-This-Insurance

- Check-the--coverage-in-all-health-insurance-policies-you-already have.
- For-more-information-about-long-term-care-insurance--review-the Shopper's-Guide-to-Long-Term-Care-insurance--available--from--the insurance-company.
- For-more-information--about--Medicare--and--Medicare-Supplement insurance--review--the-Guide-to-Health-insurance--for--People-with Medicare--available--from--the-insurance-company.
- For-help-in-understanding-your--health--insurance--contact--your state--insurance--department-or-state-senior-insurance-counseling program.

i) For-policies-providing-home-care-benefits-only:

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

Federal-law-requires-us-to-inform-you-that-this--insurance--duplicates Medicare-benefits-in-some-situations:

- This---insurance-provides-benefits-primarily-for-covered-home-care services.
- In-some-situations--Medicare--will--cover--some--health--related

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- hospice,
- other approved items and services.
- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from the insurance company.
- For help in understanding your health insurance, contact Senior Health Insurance Program through your state insurance department or state-senior-insurance-counseling-program.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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services--in-your-home-and-hospice-care-which-may-also-be-covered-by-this-insurance-

- This--insurance--does--not--pay--your--Medicare--deductibles--or--coinsurance--and--is--not--a--substitute--for--Medicare--Supplement--insurance-

Neither--Medicare--nor--Medicare--Supplement--insurance--provides--benefits--for--most--services--in--your--home-

Before--You--Buy--This--Insurance

- Check--the--coverage--in--all--health--insurance--policies--you--already--have-
- For--more--information--about--long--term--care--insurance--review--the--Shopper's--Guide--to--Long--Term--Care--insurance--available--from--the--insurance--company-
- For--more--information--about--Medicare--and--Medicare--Supplement--insurance--review--the--Guide--to--Health--Insurance--for--People--with--Medicare--available--from--the--insurance--company-
- For--help--in--understanding--your--health--insurance--contact--your--state--insurance--department--or--state--senior--insurance--counseling--program-

g) For other health insurance policies not specifically identified in the previous statements:

IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays the benefits stated in the policy and coverage for the same event is provided by Medicare.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization,
- physician services,

DEPARTMENT OF NATURAL RESOURCES
NOTICE OF PROPOSED AMENDMENT(S)

- 1) Heading of the Part: Illinois List of Endangered and Threatened Fauna
- 2) Code Citation: 17 Ill. Adm. Code 1010
- 3) Section Numbers: 1010.30
Proposed Action: Amendments
- 4) Statutory Authority: Implementing and authorized by Section 7 of the Illinois Endangered Species Protection Act [520 ILCS 10/7].
- 5) A Complete Description of the Subjects and Issues Involved: The Illinois Endangered Species Protection Act requires that the Illinois Endangered Species Protection Board review and revise the Illinois List of Endangered and Threatened Fauna as warranted, but in no case less frequently than every 5 years [520 ILCS 10/6]. The Board recently conducted a thorough review of the list. As required by law [520 ILCS 10/7], the Board conducted a public hearing on July 15, 1998, regarding changes it proposed to make to the Illinois List. Subsequently, at the 101st meeting of the Illinois Endangered Species Protection Board on August 21, 1998, the Board adopted such changes to the Illinois List as were supported by scientific evidence.

- 6) Will this rulemaking replace any emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

- 11) Time, Place and Manner in which interested persons may comment on this Proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
Department of Natural Resources
524 S. Second Street
Springfield IL 62701-1787
217/782-1809

- 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: There is no effect on small businesses, small

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- municipalities and not for profit corporations.
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 13) Regulatory Agenda on which this rule was summarized: This rule was not included on either of the 2 most recent agendas because: The Department neglected to file a regulatory agenda on this Part.

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENT(S)

TITLE 17: CONSERVATION
CHAPTER 1: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER c: ENDANGERED SPECIES

PART 1010
ILLINOIS LIST OF ENDANGERED AND THREATENED FAUNA

Section	
1010.10	Official List
1010.20	Definitions
1010.25	Criteria Used for Listing
1010.30	List

AUTHORITY: Implementing and authorized by Section 7 of the Illinois Endangered Species Protection Act [520 ILCS 10/7].

SOURCE: Filed December 21, 1977, effective December 31, 1977; codified at 5 Ill. Reg. 10653; amended at 8 Ill. Reg. 13705, effective July 25, 1984; amended at 13 Ill. Reg. 4179, effective March 17, 1989; amended at 16 Ill. Reg. 103, effective December 20, 1991; amended at 18 Ill. Reg. 1134, effective January 18, 1994; recodified by changing the agency name from Department of Conservation to Department of Natural Resources at 20 Ill. Reg. 9389; amended at 21 Ill. Reg. 3118, effective March 3, 1997; amended at 22 Ill. Reg. _____, effective _____.

Section 1010.30 List

a) ENDANGERED FISHES OF ILLINOIS

Northern Brook Lamprey	Ichthyomyzon fossor
Lake Sturgeon	Acipenser fulvescens
Pallid Sturgeon**	Scaphirhynchus albus
River Chub	Nocomis micropogon
Flathead Chub	Platygobio gracilis
Sturgeon Chub	Macrhybopsis gelida
Bigeye Chub	Hybopsis Notropis amblaps
Pallid Shiner	Hybopsis Notropis amnis
Pugnose Shiner	Notropis anogenus
Bigeye Shiner	Notropis boops
Blacknose Shiner	Notropis heterolepis
Bluehead Shiner	Pteronotropis
	Notropis hubbsi
Taillight shiner	Notropis maculatus
Weed Shiner	Notropis texanus
Cypress Minnow	Hybognathus hayi
Greater Redhorse	Moxostoma valenciennesi
Northern Madtom	Noturus stigmosus
Bluebreast Darter	Etheostoma camurum

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Western Sand Darter	Ammocrypta
Iowa Darter	Etheostoma clarum
Harlequin Darter	Etheostoma exile
Eastern-Sand-Darter	Etheostoma histrio
	Etheostoma pettucidum

b) THREATENED FISHES OF ILLINOIS

Least Brook Lamprey	Lampetra aepyptera
Cisco	Coregonus artedii
Ironcolor Shiner	Notropis chalybaeus
Blackchin Shiner	Notropis heterodon
River Redhorse	Moxostoma carinatum
Eastern Sand Darter	Ammocrypta
	pellucidum
Longnose Sucker	Catostomus catostomus
Banded Killifish	Fundulus diaphanus
Redspotted Spotted Sunfish	Lepomis miniatus
	punctatus
Bantam Sunfish	Lepomis symmetricus

c) ENDANGERED AMPHIBIANS AND REPTILES OF ILLINOIS

Hellbender	Cryptobranchus alleganiensis
Silvery Salamander	Ambystoma platineum
Dusky Salamander	Desmognathus fuscus
Alligator Snapping Turtle	Macrolemys
	temminckii
Illinois Mud Turtle	Kinosternon flavescens
Spotted Turtle	Clemmys guttata
River Cooter	Pseudemys concinna
Coachwhip	Masticophis flagellum
Broad-banded Watersnake	Nerodia fasciata
Eastern Ribbon Snake	Thamnophis sauritus
Eastern Massasauga	Sistrurus catenatus

d) THREATENED AMPHIBIANS AND REPTILES OF ILLINOIS

Jefferson Salamander	Ambystoma jeffersonianum
Four-toed Salamander	Hemidactylium scutatum
Bird-voiced Treefrog	Hyla avivoca
Illinois Chorus Frog	Pseudacris streckeri
Attigater-Snapping-Turtle	Masticophis temminckii
Blanding's Turtle	Emydoidea blandingii
Western Hognose Snake	Heterodon nasicus
Coachwhip-Snake	Masticophis flagellum

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- Great Plains Rat Snake
Mississippi Green Watersnake
Flathead Snake
Kirtland's Snake
Timber Rattlesnake
- Elaphe guttata emoryi
Nerodia cyclopion
Tantilla gracilis
Ctenophis kirtlandi
Crotalus horridus
- e) ENDANGERED BIRDS OF ILLINOIS
- American Bittern
Least-Bittern
Snowy Egret
Little Blue Heron
Black-crowned Night Heron
Yellow-crowned Night Heron
Osprey
Mississippi Kite
Bald-Hagie
Northern Harrier
Sharp-shinned-Hawk
Red-shouldered-Hawk
Swainson's Hawk
Peregrine Falcon
Greater Prairie Chicken
Yellow-Rail
Black Rail
King Rail
Sandhill-Crane
Piping Plover
Upland Sandpiper
Wilson's Phalarope
Common Tern
Forster's Tern
Least Tern
Black Tern
Barn Owl
Long-eared-Owl
Short-eared Owl
Bewick's Wren
Swainson's Warbler
Bahman's-Sparrow
Henslow's Sparrow
Yellow-headed Blackbird
- Botaurus lentiginosus
Ixobrychus-exilis
Egretta thula
Egretta caerulea
Nycticorax nycticorax
Nyctanassa violacea
Pandion haliaetus
Ictinia mississippiensis
Haliaeetus-teeucocephalus
Circus cyaneus
Accipiter-stratus
Buteo-lineatus
Buteo swainsoni
Falco peregrinus
Tympanuchus cupido
Coturnicops-noveboracensis
Laterallus jamaicensis
Rallus elegans
Grus-canadensis
Charadrius melodus
Bartramia longicauda
Phalaropus tricolor
Sterna hiruudo
Sterna forsteri
Sterna antillarum
Chlidonias niger
Tyto alba
Asio-otus
Asio flammeus
Thryomanes bewickii
Limnolypis swainsonii
Amphispiza-aestivalis
Ammodramus henslowii
Xanthocephalus xanthocephalus
- Podilymbus podiceps
Phalacrocorax-aeritrus
Ixobrychus exilis
- f) THREATENED BIRDS OF ILLINOIS
- Pied-billed Grebe
Double-crested-Cormorant
Least Bittern

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- Great-Egret
Yellow-crowned-Night-Heron
Bald Eagle
Red-shouldered Hawk
Common Moorhen
King-Rail
Sandhill Crane
Brown Creeper
Veery
Loggerhead Shrike
- Casmerodius-aibis
Nyctanassa-vioacea
Haliaeetus leucocephalus
Buteo lineatus
Gallinula chloropus
Rallus-ctegans
Grus canadensis
Cathia americana
Catharus-fuscus
Lanius ludovicianus
- g) ENDANGERED MAMMALS OF ILLINOIS
- Southeastern Myotis
Gray Bat
Indiana Bat
Rafinesque's Big-eared Bat
River-Otter
Eastern Wood Rat
- Myotis austroriparius
Myotis grisescens
Myotis sodalis
Corynorhinus Picotus rafinesquii
Lutra-canadensis
Neotoma floridana
- h) THREATENED MAMMALS OF ILLINOIS
- River Otter
Bobcat
Golden Mouse
Rice Rat
- Lontra canadensis
lynx-rufus
Ochrotomys nuttalli
Oryzomys palustris
- i) ENDANGERED INVERTEBRATE ANIMALS OF ILLINOIS
- Snails
- Iowa Pleistocene Snail
- Mussels
- Spectaclecase
Stippsheil
Salamander Mussel
Rabbitsfoot
Orange-foot Pimpleback
Orange-footed-Pearly-Mussel
Sheepnose
Stippsheil
Ohio Pigtoe
Pyramid Pigtoe
Kidneyshell
Fanshell
Round Hickorynut
- Cumberlandia monodonta
Atasmidonta-viridis
Simpsonaias ambigua
*Quadrula cylindrica
Plethobasus cooperianus
Plethobasus cyphus
Plethobema-clava
Pleurobema cordatum
Pleurobema rubrum
Ptychobranthus fasciolaris
Cyprogenia stegria
Obvaria subrotunda

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Fat Pocketbook**
 Purple Lilliput
 Rayed Bean
 Rainbow
 Little Spectaclecase
 Pink Mucket
 Wavy-rayed Lampmussel
 Higginsil Higginsil-Eye
 Pearly Mussel**
 Tennessee-Riffleshell
 Snuffbox

Potamilus capax
 Toxolasma lividus
 Villosa fabalis
 Villosa iris
 Villosa lienosa
 Lampsilis abrupta
 Lampsilis fasciola
 Lampsilis higginsii
 Higginsil
 Epioblasma-propeingua
 Epioblasma triquetra

Crustaceans

Anomalous Spring Amphipod
 Appalachian Valley Cave

Crangonyx anomalus
 Crangonyx antenntus

Amphipod

Pacard's Cave Amphipod
 Illinois Cave Amphipod
 Iowa Amphipod
 Indiana Crayfish
 Kentucky Crayfish
 Oxbow Crayfish
 Crayfish
 Isopod
 Isopod

Crangonyx packardii
 Gammarus acherondytes
 Stygobromus iowae
 Orconectes indianensis
 Orconectes kentuckiensis
 Orconectes lancifer
 Orconectes placidus
 Caecidotea lesliei

Dragonflies

Hine's Emerald's Dragonfly**

Caecidotea spatulata
 Somatochlora hineana

Leafhoppers

Leafhopper

Paraphlepsius lupalus

Butterflies and Moths

Eryngium Stem Borer
 Arogos Skipper
 Hoary Elfin
 Karner Blue Butterfly**
 Swamp Metalmark

Papaipema eryngii
 Atrytone arogos
 Incisalia polios
 Lycaeides melissa samuelis
 Calephelis muticum

j) THREATENED INVERTEBRATE ANIMALS OF ILLINOIS

Mussels

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT(S)

Ebonyshell
 Purple Wartyback
 Elephant-ear
 Spike
 Slippershell
 Butterfly mussel
 Black Sandshell

Fusconaia ebena
 Cyclonaias tuberculata
 Elliptio crassidens
 Elliptio dilatata
 Alasmidonta viridis
 Ellipsaria lineolata
 Ligumia recta

Crustaceans

Bousfield's Amphipod

Gammarus bousfieldi

Dragonflies

Elfin Skimmer

Nannothemis bella

Leafhoppers

Redveined Prairie Leafhopper

Aflexia rubranura

Butterflies

Cobweb Skipper
 Ottoo Skipper
 Regal Fritillary

Hesperia metea
 Hesperia ottoo
 Speyeria idalia

(Source: Amended at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES(S)

- 1) Heading of the Part: Off-Highway Vehicle Recreational Trails Grant Program
- 2) Code Citation: 17 Ill. Adm. Code 3045
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
3045.10	New Section
3045.20	New Section
3045.30	New Section
3045.40	New Section
3045.50	New Section
3045.60	New Section
3045.70	New Section
3045.80	New Section
3045.90	New Section

- 4) Statutory Authority: Implementing and authorized by Section 15 of the Recreational Trails of Illinois Act (P.A. 90-287).

- 5) A Complete Description of the Subjects and Issues Involved: This new administrative rule establishes procedures for administering a new grant program authorized by the Recreational Trails of Illinois Act. This program will provide financial assistance, up to 100% of approved costs, to local entities for acquisition and development of land for public off-highway vehicle facilities.

- 6) Will this rulemaking replace any emergency rule currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Do these proposed rules contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part? No

- 10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
 Department of Natural Resources
 524 S. Second Street
 Springfield IL 62701-1787
 217/782-1809

- 12) Initial Regulatory Flexibility Analysis:

DEPARTMENT OF NATURAL RESOURCES

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- A) Types of small businesses, small municipalities and not for profit corporations affected: There is no effect on small businesses, small municipalities and not for profit corporations. This is a grant program and participation is voluntary.
- B) Reporting, bookkeeping or other procedures required for compliance:
None

- C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rule was summarized: July 1998

The full text of the Proposed Rules begins on the next page:

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED RULES(S)

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER 9: GRANTS

PART 3045

OFF-HIGHWAY VEHICLE RECREATIONAL TRAILS GRANT PROGRAM

Section	
3045.10	Program Objective
3045.20	Program Eligibility Requirements
3045.30	Funding Assistance Formula
3045.40	General Procedures for Grant Applications and Awards
3045.50	Eligible Project Expenditures
3045.60	Project Evaluation Criteria/Priorities
3045.70	Review by Advisory Board
3045.80	Program Compliance Requirements
3045.90	Program Information

AUTHORITY: Implementing and authorized by Section 15 of the Recreational Trails of Illinois Act [20 ILCS 862/15].

SOURCE: Adopted at 22 Ill. Reg. _____, effective _____.

Section 3045.10 Program Objective

The intent of the grant program is to provide financial aid to government agencies, not-for-profit organizations, and other eligible groups or individuals as noted in Section 3045.20 to operate, maintain, and acquire land for off-highway vehicle parks and trails that are open and accessible to the public in Illinois. Funds for the grant program are derived from revenue generated in the Off-Highway Vehicle Trails Fund, a special fund in the State Treasury.

Section 3045.20 Program Eligibility Requirements

Agencies eligible for financial assistance through the Off-Highway Vehicle Trails Fund, hereafter referred to as the OHV grant program, include units of government, private OHV clubs or organizations in Illinois having not-for-profit incorporation status, business entities and private individuals. Entities other than governmental bodies seeking financial assistance through the grant program must also possess minimum liability insurance coverage of \$1,000,000 per occurrence on the facilities to be operated under the scope of the proposed project application. OHV funds may only be awarded and used for off-highway vehicle projects located within the State boundaries of Illinois and open to the general public.

Section 3045.30 Funding Assistance Formula

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The OHV grant program can provide up to 100% funding reimbursement assistance on total eligible and approved project costs.

Section 3045.40 General Procedures for Grant Applications and Awards

- a) Requests for funding assistance through the OHV grant program must be made through written application to the Illinois Department of Natural Resources, hereafter referred to as the Department. Necessary application forms and instructions are available through the Department.
- b) To be eligible for funding consideration, project applications must be submitted to the Department's Division of Grant Administration by an annual established application deadline date that will be publicly announced by the Department. Notice of grant awards generally should be announced within 180 days after the application submission deadline date. Awarding of grants is made solely under the authority and directive of the Director of the Department.
- c) Grant applications shall consist of the following basic components:
 - 1) applicant's name, address, telephone number and designated contact person;
 - 2) copy of incorporation papers for private OHV club/organization applicants;
 - 3) project narrative statement describing the project concept, location and estimated cost, need for and objectives of the project, type of OHVs authorized to use project site, anticipated benefits and approach for accomplishing the project;
 - 4) project location map, site plat map, and proposed development plan;
 - 5) project environmental evaluation;
 - 6) proof of land ownership or usage rights for proposed development (construction) projects or commitment for title insurance for project property planned for acquisition;
 - 7) a document signed by the applicant verifying the applicant has the resources to initially finance and subsequently manage the project area and will comply with program regulations and indemnify the Department from any liability relative to the project; and
 - 8) proof of liability insurance or commitment for such insurance if a requested grant application element.
- d) A program information packet may be obtained from the Department by contacting the Division of Grant Administration (see Section 3045.90, Program Information).

Section 3045.50 Eligible Project Expenditures

- a) Grant assistance may be obtained for, but not limited to, the following:
 - 1) cost of land acquisition (fee simple title or permanent easement,

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lease or similar management arrangement, etc.) from willing sellers for OHV trails and scramble areas, including approved appraisal costs, title insurance and closing costs;

- 2) construction, rehabilitation, maintenance and necessary design services for OHV trails/routes and scramble areas including site preparation work, signage, fencing, bridges, grooming equipment, etc. and associated support facilities including parking, shelters, restrooms, potable water supply, lighting, and other related amenities deemed necessary;

- 3) restoration of areas damaged by OHV usage;
- 4) rider education and safety programs; and
- 5) cost of facility security.

- b) It is the Department's policy that the OHV grant program be used primarily to assist applicants purchase necessary materials and contract for specialized labor to develop and maintain public OHV facilities. Labor necessary for project operation shall be the responsibility of the applicant.

- c) No grant assistance will be awarded to projects that, either in whole or in part, will not be open to the general public for OHV use. (See Section 3045.80(n) regarding operation and maintenance requirements.)

- d) Grant assistance from this program cannot be used for the following purposes:

- 1) land acquisition through eminent domain; and
- 2) construction of OHV trails and areas on Department owned and managed lands and on U.S. Forest Service lands designated as wilderness or currently not authorized for such use by an approved management plan.

Section 3045.60 Project Evaluation Criteria/Priorities

The following criteria (not listed in any priority order) has been established by the Department for evaluating and ranking project applications for funding assistance:

- a) projects proposing long distance, integrated, intra-county and inter-county trails or large scramble areas rather than short, isolated trails or small scramble areas;
- b) projects proposing initial development of OHV facilities. Special consideration will also be given to those projects representing initial requests for funding assistance in a county;
- c) projects promoting multiple recreation use of the project site;
- d) projects located in areas (counties) of high demand as determined by population and the number of registered OHVs in the area;
- e) projects having minimal adverse environmental and social impact; and
- f) projects providing the most long term, stable management potential.

Section 3045.70 Review by Advisory Board

- a) All applications for grants from the Off-Highway Vehicle Trails Fund

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shall be reviewed by the five member Off-Highway Vehicle Trails Advisory Board. The Board shall, after review, make a written recommendation to the Director of the Department of Natural Resources on each grant application reviewed.

- b) The Advisory Board shall:

- 1) meet a minimum of twice annually with additional meetings called as needed;
- 2) use Robert's Rules of Order as a guideline for conducting meetings;
- 3) elect a Chairperson and Vice-Chair during the first meeting of the year to serve a one-year term. The Chair may serve no more than 2 consecutive terms;
- 4) elect two members to serve on the Greenways and Trails Council for one year. These members may be elected to consecutive terms;
- 5) utilize the Department appointee as Secretary to the Board and as liaison between the Board and the Department. The Secretary shall vote only in case of a tie;
- 6) require a simple majority of the Board members present at a meeting to pass a motion. A Board member who is unable to attend a Board meeting may send a representative to vote in the absent member's place. The absent member must provide written authorization for a representative for each meeting the representative is authorized to attend or vote. The representative must be from the same organization as the absent member; and
- 7) allow reasonable time for public comment at each meeting, as deemed appropriate by the chair, prior to final consideration and action by the Board on any agenda item.

Section 3045.80 Program Compliance Requirements

- a) Grant projects approved through the OHV program shall be completed within 24 months from the date of approval unless otherwise approved by the Department. All approved projects must be in accordance with the agreed upon project specifications and a final billing request for reimbursement submitted to the Department.

- b) All land and equipment/materials purchased through the OHV grant program, except those purchased by government agencies, shall be subject to repossession and disposition by the Department as deemed appropriate upon the dissolution of the project sponsor or as a result of unresolved project sponsor non-compliance with program regulations as stated herein. Land and equipment/materials purchased by government agencies where the project sponsor fails to comply with program regulations stated herein shall be responsible for repayment of funds to the Department equal to the original grant amount disbursed to the sponsor or the property's certified fair market value at the time of non-compliance, whichever is deemed most appropriate by the Department.

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- c) With the exception of designated OHV routes on or along local roads and streets, all OHV facilities developed with assistance from the OHV grant program shall be posted with a liability disclaimer sign at ingress/egress points to the facility warning users that they use the facility at their own risk.
- d) With the exception of designated OHV routes on or along local roads and streets, it shall be the sole responsibility of the project sponsor to adequately patrol the OHV-assisted facility to ensure proper usage of the facility and user compliance with all State and local OHV regulations. Failure of the project sponsor to take corrective measures that bring the facility into compliance with this Part or to help remedy complaints lodged by local citizens concerning misuse of OHV-assisted facilities shall be grounds for a finding of program non-compliance as specified in this section and be subject to corrective measures by the Department as deemed appropriate.
- e) During all times of operation of an OHV grant assisted facility, the project sponsor (excluding government entities) must possess insurance protection providing a minimum of \$1,000,000 per occurrence liability coverage.
- f) The project sponsor (applicant) shall indemnify, protect and hold harmless the Department from any and all liability, costs, damages, and claims arising as a direct or indirect result of the construction, operation or maintenance of facilities assisted with OHV grant funds.
- g) The project sponsor must possess the resource capabilities to:
- 1) Initially finance 100% of the total cost prior to grant reimbursement, unless otherwise approved by the Department on a case-by-case basis; and
 - 2) properly maintain and operate the OHV fund-assisted facility after project completion.
- h) Upon project completion, the project sponsor must submit a certified project billing request (expenditure statement) listing/verifying all funds expended on the project for which grant reimbursement is sought, as well as required billing documentation, as follows:
- 1) Acquisition Project: Proof of good faith negotiations or fair market value offer to land seller, copy of property deed (showing ownership transferred to the project sponsor/applicant), and copies of canceled check(s) showing proof of payment to seller.
 - 2) Development Projects: Copy of construction As-Built drawings (no larger than 11" x 17"), copy of receipts/invoices for project costs, and copy of canceled checks showing proof of payment.
- i) All financial records on approved projects must be maintained and retained by the project sponsor for possible State audit for a period of 5 years after final reimbursement payment is made by the Department.
- j) The project sponsor must permanently post an OHV grant program acknowledgment sign at the project site. The required sign will be furnished by the Department.
- k) Upon request, all work specifications must be submitted by the project

- sponsor to the Department for review prior to commencing work. Project sponsor will be notified by the Department if the proposed project requires the approval of a registered professional engineer. Department representatives shall have access to OHV-assisted project sites at any time during construction to assess project progress and during facility operation to ensure continuing compliance with program regulations. As time allows, Department representatives shall be available, upon request, for consultation/technical assistance concerning project development. It shall be further understood that a final inspection and acceptance of the completed project work must be made by a Department representative prior to approval of final reimbursement payment to the project sponsor.
- m) In connection with, and prior to, the construction, and thereafter the subsequent operation and maintenance, of OHV grant assisted facilities, the project sponsor (applicant) agrees that it shall be responsible for and obtain all necessary permits, licenses or forms of consent, as the case may be, from, but not limited to, the following agencies:

- 1) Illinois Department of Natural Resources, Office of Water Resources;
 - 2) Illinois Environmental Protection Agency;
 - 3) U.S. Army Corps of Engineers;
 - 4) Illinois Department of Public Health (Campground Licensing and Recreational Area Act);
 - 5) Illinois Department of Transportation, Division of Highways; and
 - 6) Local building, zoning or road commissions, etc.
- n) The project sponsor must comply with and abide by the following operation and maintenance provisions:
- 1) The charging of user fees for general public use must be approved by the Department.
 - 2) Except as noted below, all OHV grant-assisted facilities must be open and available for general public use and enjoyment without regard to sex, race, color, creed, national origin or residence.
 - A) Use of the project facility can be restricted to only those users that can show proof of adequate personal liability insurance coverage or are willing to sign liability waivers concerning use of the facility.
 - B) Use of the project facility may be restricted by type of OHV use if specified in the approved project agreement or if justified and approved by the Department.
 - 3) All OHV grant assisted facilities shall be operated, maintained and utilized for general public use in a safe and attractive manner so as to maximize the facility's intended public benefit.
 - 4) Department personnel shall have access to OHV grant assisted facilities at all times during hours of normal operation for inspection purposes to ensure continued compliance with program regulations.
 - o) All funds administered by the Department under the OHV grant program

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and expended by the project sponsor shall be in accordance with all applicable State statutes.

- p) The Department may unilaterally rescind OHV grant funds and terminate project agreements any time the General Assembly fails to appropriate or release sufficient OHV grant funds to fulfill the obligation or the applicant demonstrates non-compliance with this Part. Otherwise, after project commencement, OHV grant funds and project agreements may be rescinded, modified, or amended only by mutual agreement with the project sponsor. A project shall be deemed commenced when the project sponsor has made an expenditure or has incurred an obligation with respect to the project.
- q) Failure by the project sponsor to comply with this Part shall be cause for the suspension of all OHV grant fund obligations and/or repossession of project lands and equipment/materials purchased with grant funds, unless, in the judgment of the Department, such noncompliance was due to no fault of the project sponsor (applicant).

Section 3045.90 Program Information

Write to: Illinois Department of Natural Resources
Division of Grant Administration
524 South Second Street
Springfield, Illinois 62701-1787

Telephone: 217/782-7481
FAX: 217/782-9599
e-mail: grant@dnrmail.state.il.us

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Illinois Mobile Home Tiedown Code
- 2) Code Citation: 77 Ill. Adm. Code 870
- 3) Section Numbers
870.20
870.30
870.40
870.50
870.60
870.Table A
- Proposed Action:
Amendment
Amendment
Amendment
Amendment
Amendment
- 4) Statutory Authority: Illinois Mobile Home Tiedown Act [210 ILCS 120]
- 5) A Complete Description of the Subjects and Issues Involved: The existing mobile home tiedown rules establish the requirements for the approval of tiedown equipment and the minimum number and type of ties required for the installation of mobile homes. The proposed amendments will address recent problems with the requirements for proper installation of equipment.

At the beginning of 1998, the Department filed emergency amendments to the Mobile Home Tiedown Code to extend for another year the effective date of a provision in the rules that voided all manufacturer approvals to sell tiedown equipment in Illinois. The provision required manufacturers to obtain approval under new approval criteria added to the rules in 1997. However, manufacturers of tie down equipment indicated after the earlier rule change was adopted that they would have difficulty in meeting two of the new approval criteria. The specific provisions that have been problematic require that the (tiedown) anchor head shall be allowed to move no more than two inches horizontally and vertically, whereas previously the anchor head was allowed to move four inches in the horizontal direction. The 1997 rule change also required that double headed anchors resist the vertical and horizontal loads simultaneously. Concern has been expressed to the Department by manufacturers of tiedown equipment that the necessary additional length and size of the ground anchors to meet the new specifications would increase the chance for the anchors to intrude into water lines, sewers and electrical lines during installation.

Since the emergency rules were adopted, the Department has met with manufacturers and developed approval criteria that is acceptable to the Department and can be met by the manufacturers. These specifications will be proposed in this rulemaking.

- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No

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- 8) Does this Rulemaking Contain any Incorporations by Reference? No
- 9) Are there any Other Proposed Amendments Pending on this Part? No
- 10) Statement of Statewide Policy Objectives:

This rulemaking will not expand or create a State mandate on units of local government.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning this rulemaking by writing within 45 days after this issue of the *Illinois Register* to:

Gail M. DeVito
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson
Fifth Floor
Springfield, Illinois 62726
(217)782-2043
(E-mail: rules@idph.state.il.us)

- 12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses, Small Municipalities, and Not-For-Profit Corporations Affected: Manufacturers and installers of tiedown equipment.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance:
None

C) Types of Professional Skills Necessary for Compliance: None

- 13) Regulatory Agenda on which rulemaking was summarized: July 1998

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER q: MOBILE HOMES

PART 870

ILLINOIS MANUFACTURED MOBILE HOME TIEDOWN CODE

Section

870.10 Statutory Authority

870.20 Definitions

870.30 Tiedown Equipment Approval

870.40 Compliance

870.50 Tiedown Installation Requirements

870.60 Equipment Specifications

870.70 Administrative Hearings

TABLE A

Soil Class Marking of Anchors Minimum Number of Ties Required-Per Side

AUTHORITY: Implementing and authorized by the Illinois Mobile Home Tiedown Act [210 ILCS 120].

SOURCE: Adopted at 4 Ill. Reg. 25, p. 148, effective July 1, 1980; codified at 8 Ill. Reg. 17513; amended at 21 Ill. Reg. 9475, effective July 1, 1997; emergency amendment at 22 Ill. Reg. 2626, effective January 14, 1998, for a maximum of 150 days; emergency expired June 13, 1999; amended at 22 Ill. Reg. _____, effective _____.

Section 870.20 Definitions

In addition to the definitions contained in the Illinois Mobile Home Tiedown Act [210 ILCS 120] the following definitions shall apply:

~~Diagonal-tie--An anchor-tie designed primarily--to--resist--horizontal forces--~~

~~Frost Depth. The maximum depth that frost penetrates the earth in a given area.~~

~~Frost Heave. An upthrust of ground or pavement caused by freezing of moist soil.~~

~~Independent Testing Laboratory. An organization which:~~

~~Primarily is interested in testing and evaluating equipment; and~~

~~Is qualified and equipped to conduct and evaluate experimental testing in accordance with approved standards; and~~

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Makes available a published report in which specific information is included stating that the equipment and installations have been tested and found safe for use in a specific manner; and

Is not under the jurisdiction or control of any manufacturer or supplier of any industry.

Length of a Manufactured Mobile Home. The distance from the exterior of the front wall (nearest to the drawbar and coupling mechanism) to the exterior of the rear wall (at the opposite end of the home) where such walls enclose living or other interior space and such distance includes expandable rooms but not bay windows, porches, drawbars, couplings, hitches, or other attachments.

Mobile Home.---Structure, transportable in one or more sections,---which is---eight---body---feet---or more in width and is---thirty-two body feet or more in length, and which is built on a permanent chassis,---and designed---to be used as a dwelling---with or without---permanent foundation---when connected to the required utilities, and includes the plumbing, heating, and electrical systems contained therein.---This term shall include single-family residences constructed after June 1976 in accordance with the National Manufactured Housing Construction and Safety Act of 1974 (42 U.S.C. 5401), regulated by the Federal Department of Housing and Urban Development.---These structures are known as manufactured homes.

Manufactured Home. A structure, transportable in one or more sections, which, while in the traveling mode, is eight body feet or more in width or 40 feet or more in length, or, when erected on site, is 320 or more square feet, and that is built on a permanent chassis and designed to be used as a dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air conditioning, and electrical systems contained therein. Any home defined in the Mobile Home Park Act [210 ILCS 115] as a "mobile home" is defined as a "manufactured home" for the purpose of this Part.

Permanent Foundation. A continuous perimeter formation intended to support and anchor the unit to withstand the specified design loads. It shall consist of materials such as concrete, mortared concrete block or mortared brick, steel or treated lumber extending into the ground below the frost depth which shall include basements or crawl spaces.

Roof Protector.---A device designed to prevent over-the-top straps from damaging or penetrating the roof material.

Site. The location where the manufactured mobile home is connected to

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NOTICE OF PROPOSED AMENDMENTS

the required utilities for habitation.

Tiedown Manufacturer. Any person or business engaged in the manufacturing of tie down equipment which is offered for sale or use in this State.

Vertical Tie.---A tie intended to primarily resist the---uplifting---and overturning forces:

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 870.30 Tiedown Equipment Approval

a) Manufacturer's Approval. Each tie down manufacturer shall file with the Department a written request for approval to sell tie down equipment in Illinois. The installation of such equipment shall not be permitted unless such equipment is approved by the Department. In order to obtain approval, each tie down manufacturer must submit the following:

1) Detailed plans and specifications of all tie down equipment showing model identification number, pertinent dimensions, materials, and method of securing ties. Each drawing shall bear the seal of a registered Professional Engineer,7 attesting---that the---drawing---accurately---describes---the---anchor---and---tie---down---as produced---for---safe---or---use.

2) Test data regarding the strength of all equipment, which has been prepared and certified by a recognized independent testing laboratory, demonstrating that the anchor and all tie down equipment meets the requirements of Section 870.60. Each piece of equipment must be tested a minimum of three times and shown to meet the requirements of Section 870.60. The tests must be conducted with the equipment installed according to the installation instructions. Double-headed anchors must---be---tested for---the---combined---vertical---and---horizontal---loads.

3) A copy of the installation instruction for each anchor. These must accompany all anchors when sold. For ground anchors, information information as to the types of soil in which the anchor is certified to be installed in, and---instructions---as---to the method of installation, the type and size of stabilization devices required, the amount of preloading, and the method of tension adjustment after installation. Such instructions shall accompany all equipment. The instructions for installation must be consistent with the testing of the equipment especially with regard to the angle and depth of installation of ground anchors. The instructions for concrete anchors shall specify as a minimum the minimum amount of concrete required, the distance from the edge of the concrete and the compressive strength of the

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concrete. A copy of all revisions to instructions must be submitted prior to the issuance of approval.

- 4) Each anchor shall be permanently marked with an identification number that is visible when the equipment is installed. This identification number must also include a soil class marking that indicates the soil class for which the anchor was approved. Table A indicates the markings to be used for the different types of soil classifications.

- 5) If the design, construction or installation instructions of any approved equipment are changed, approval must be obtained from the Department.

- b) Alternate Individual Approval. A non-individual home owner, dealer, or installer who wishes to tie down a manufactured mobile home with a unique system or materials different from one approved under subsection (a) above must submit all such information on material specifications, strength of equipment, and system design to the Department for approval. The approval will be based upon the criteria specified in Section 870.50 and 870.60.

- c) Evidence of Plan Approval. The tie down manufacturer shall present evidence of Department approval to any homeowner or installer upon request. Approval shall be evidenced by the letter of approval from the Department for the specific equipment.

- d) Previous Approvals. All approvals issued by the Department previously for tie down equipment shall become void on December 31, 1998 1997. New approval must be obtained to sell tie down equipment in Illinois after December 31, 1998 1997, in accordance with the criteria in subsection (a) of this Section.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 870.40 Compliance

- a) All manufactured mobile homes and room expansions installed after October 1, 1998 January 17-1988, must be tied down in accordance with this Part, the home manufacturer's instructions and the tie down manufacturer's instructions within 30 days after the home is installed on the site. Failure to comply with these requirements may void the home manufacturer's warranty.

- b) In the case where frozen soil or wet soil prevents the installation of ground anchors, this 30 day limit shall not apply. The home must, in this case, be anchored at the earliest possible date after the soil thaws or dries.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 870.50 Tiedown Installation Requirements

- 8) Pier height is measured from the top of the ground to the top of

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NOTICE OF PROPOSED AMENDMENTS

- a) Design Criteria. Homes placed in Illinois shall resist a minimum horizontal wind load of 22.5 pounds per square foot and a minimum uplift load of 13.5 pounds per square foot (Wind Zone 1).

b) Ties.

- 1) A diagonal tie is effected by tying to the frame member farthest from the anchor of each transportable unit. A vertical tie is effected by either tying to the frame member nearest the anchor or utilizing internal bracing at the factory during construction or external over the top ties. Over the top ties shall be placed directly over a stud and roof rather.

- 2) All mobile homes shall be secured in accordance with Table A of this Part.

- 3) If steel strapping is used, it must be secured around the I-beam using an approved connecting device. Care should be exercised to insure that minimum bending radius is adhered to so that the breaking strength of the strapping is not reduced.

- 4) Ties shall not connect to steel outriggers unless specifically stated in the home manufacturer's installation instructions.

- 5) The ties shall be secured to the I-beam of the home so that they will not become disconnected if the tension is loosened. Cable, strapping or other approved material shall be used for ties.

- 6) The ties shall connect from an anchor to the closest I-beam beneath the home. Ties shall not connect to steel outriggers, unless specifically stated in the home manufacturer's installation instructions. The angle formed between the tie and the ground shall be between 40 and 50 degrees. If this angle exceeds 50 degrees when the tie is connected to the nearest I-beam, a tie shall connect from an anchor to both I-beams of the unit.

- 7) Ties shall be evenly spaced on each side of the length of the home with a maximum separation of 12 feet and with the end ties within two feet of each end.

- 8) If steel strapping is used, it must be secured around the I-beam using an approved connecting device. Straps shall go from the anchor to the top of the I-beam unless the home manufacturer's instructions are provided indicating otherwise. Care shall be exercised to ensure that minimum bending radius is adhered to so that the breaking strength of the strapping is not reduced.

- 9) The ties shall be secured to the I-beam of the home so that they will not become disconnected if the tension is loosened.

- 10) Ties must terminate with a D-ring, bolt or other tensioning device that will not lower the material strength below that stated in Section 870.60(a).

- 11) All cable ends shall be secured with at least two utility bolt type clamps or other fastening device.

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the I-beam.

c)b) Anchors. Anchors shall be spaced as evenly as practicable along the length of the home and no anchor shall be greater than eight feet from an end of the home. Where a vertical tie and diagonal tie are located at the same place, both ties may be connected to a single anchor, if the anchor used is capable of carrying both loads.

1) All anchors must be installed to full depth as specified in the anchor manufacturer's installation instructions.

2) Stabilizing devices must be utilized when the load on the ground anchor is not applied in line with the anchor. Provisions shall be made to minimize deflection or slicing through the soil by the anchor rod at ground level. The method of restricting deflection may be the encasement of the top portion of the anchor in a concrete collar or by the use of a stabilizer plate.

3) Ground anchors installed in line with the load of the anchor must be a minimum of 48 inches in length.

d)e) Frost Heave. The following measures shall be taken by the homeowner for the specific type of installation in order to prevent frost heave, which can cause damage to a home:

1) If the support system for the home does not extend below the frost depth but the anchors do, the ties shall be adjusted (loosened slightly in the fall and tightened in the spring) to compensate for the tension caused by the earth movement.

2) If the support system for the home extends below the frost depth but the anchoring system does not, the ties shall be tightened in the fall and loosened slightly in the spring.

3) If the anchoring system and the support system for the home both extend below the frost depth or neither extends below the frost depth, no provisions for frost heave are necessary.

e)d) Permanent Foundation. Homes installed on a permanent foundation are not required to comply with this Code ~~Table-A~~ if the foundation is constructed and the home anchored according to the requirements of the CABO One and Two Family Dwelling Code, 1995 Edition, published by the Council of American Building Officials. Copies of the code are available from the Building Officials and Code Administrators International, Inc., 4051 West Flossmoor Road, Country Club Hills, Illinois, 60478-5795, 708/799-2300.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

Section 870.60 Equipment Specifications

a) Tie materials shall be capable of resisting a force of 3,150 pounds with no more than 2 percent elongation and shall withstand at least 4,725 pounds without failure. Strapping must meet the requirements of ASTM D3953-91 and cable must be a minimum 1/4 inch diameter galvanized 7 by 19 strand cable. Failure shall be considered to have occurred

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when the material is stretched beyond its elastic limit--resulting in permanent deformation or breakage.

b) All cable ends shall be secured with at least two U-bolt type clamps or other fastening device.

b)e) Anchors. Anchor anchor equipment and ties shall be weather resistant. Weather resistance shall be at least equal to that provided by a coating of zinc on steel of not less than 0.30 ounces per square foot of surface.

d) Ties must terminate with a B-ring bolt--or other tensioning device that will not lower the material strength below that stated in subsection (a) above--

e) Sharp edges of the mobile home that would tend to cut the cable--or strap--(in over the top--on site--installations)--when the home is buffeted by the wind must be protected by a thimble--or other device that will prevent such cutting.

c)f) Each anchor, when installed, shall be capable of resisting a working load at least equal to 3,150 pounds in the direction of resection of the tie plus a 50 percent overload (4,725 pounds) without failure. Double headed anchors must resist the vertical and horizontal loads simultaneously. Failure shall be considered to have occurred when the point of connection between the tie and anchor moves more than two inches at 4,725 pounds in the vertical or horizontal direction. Those anchors that are designed to be installed so that the loads on the anchor are other than direct withdrawal shall be designed and installed to resist an applied design load of 4,725 pounds at 45 degrees from horizontal without displacing the anchor more than 3 inches horizontally at the point where the tie attaches to the anchor. at the point where the tie attaches to the anchor.

(Source: Amended at 22 Ill. Reg. _____, effective _____)

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models for loose soils, shorter models for harder soils. Prior to installing any ground anchor, the soil must be tested with a soil test probe in order to match approved ground anchors with site soil class. Also be advised that the manufacturers recommend different size stabilizer plates for the different soil classes.

* A soil test probe is a device for measuring the torque value of soils to assist in evaluating the holding capability of the soils in which the anchor is placed. The soil test probe has a helix on it. The overall length of the helical section is 10.75 inches; the major diameter is 1.25 inches; the minor diameter is 0.81 inches; the pitch is 1.75 inches. The shaft must be of suitable length for anchor depth.

** Below these values, a professional engineer should be consulted.
(Source: Amended at 22 Ill. Reg. _____, effective _____)

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Section 870. TABLE A Soil Class Marking of Anchors Minimum--Number--of--ties Required--per--Side

Length-of Home (feet)	-----Single-Section-----		Multi-Section	
	Number-of Vertical-ties	Number-of Diagonal-ties	Number-of Diagonal-ties	Number-of Diagonal-ties
32-50	2	2	2	2
51-75	2	3	3	3
76---	2	4	4	4

Notes

- 1- No-vertical-ties-required-for-multi-section-homes.
- 2- In-addition--to--the--above--a--minimum-of-two-vertical-ties-shall secure-room-expansion-structures.
- 3- See-Section-070-50(d)-if--the--home--is--placed-on--a--permanent foundation.

SOIL CLASS MARKING OF ANCHORS

Soil Class	Soil Description	Torque Probe Value*	Anchor Marking
1	Sound hard rock.	N/A	C-1
2	Very dense and/or cemented sands, coarse gravels/cobbles, preloaded silts, clays and coral.	550 inch pounds and up	C-2
3	Medium dense coarse sands, sandy gravels, very stiff silts and clays.	350 to 550 inch pounds	C-3
4A	Loose to medium dense sands, firm to stiff clays and silts, alluvial fill.	276 to 350 inch pounds	C-4A
4B	Loose sands, firm clays and silts, alluvial fill.	175 to 275 inch pounds**	C-4B

Note: Ground anchors are designed for different soil classifications, longer

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1) Heading of the Part: Literacy Grant Program2) Code Citation: 23 Ill. Adm. Code 3040

3) Section Numbers: Proposed Action:
 3040.400 New Section
 3040.450 New Section

4) Statutory Authority: Implementing and authorized by the State Library Act [15 ILCS 320] and the Illinois Literacy Act [15 ILCS 322].

5) A Complete Description of the Subjects and Issues Involved:

Making Work Pay grant program: This special grant program will provide Illinois businesses with the option of training their prospective employees in basic skills so that the business can hire qualified employees and people not currently employed may enter or re-enter the workforce.

New Charters grant program: This special grant program will provide literacy services to victims of domestic violence on site at domestic violence facilities so that they may become economically independent and can leave their abusive situations, ending the cycle of domestic violence. It will also provide a vehicle for adult victims to interact with their children in a positive way.

6) Will these proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference No

9) Are there any other proposed amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
3040.130	Amendment	22 Ill. Reg. 16972

10) Statement of Statewide Policy Objectives: Literacy grant programs seek to offer services in a variety of contexts so that all Illinois citizens who need to improve their basic skills can do so in a setting or environment most conducive to improving those skills. These two special grant programs will be implemented to meet needs expressed by domestic violence facilities and businesses needing to hire qualified employees.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments and questions should be mailed, faxed, or sent electronically within 45 days after publication of the

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proposed amendments in the *Illinois Register* to:

Ms. Kathleen L. Bloomberg
 Associate Director for Communications & Planning
 Illinois State Library
 300 S. Second Street
 Springfield IL 62701-1796
 217/785-0052
 FAX: 217/782-8261
 INTERNET: kbloom@library.sos.state.il.us

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Public or private employers or entities acting on behalf of a coalition of employers.

B) Reporting, bookkeeping or other procedures required for compliance:
 None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: July 1998

The full text of the Proposed Amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENT

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE B: CULTURAL RESOURCES

CHAPTER I: SECRETARY OF STATE

PART 3040

LITERACY GRANT PROGRAM

SUBPART A: LITERACY PROVIDER PROGRAM

Section
 3040.100 Purpose
 3040.110 Definitions
 3040.120 Application For Grant
 3040.130 Review of Grant Applications
 3040.140 Award of Grants and Recordkeeping
 3040.150 Cancellation of Grant
 3040.160 Fiscal Procedures
 3040.170 Other Requirements
 3040.180 Invalidity

SUBPART B: WORKPLACE LITERACY PROGRAM

Section
 3040.200 Purpose
 3040.210 Definitions
 3040.220 Application for Grant
 3040.230 Review of Grant Applications
 3040.240 Award of Grant, Financial Reports, and Program Progress Reports
 Report
 3040.250 Cancellation of Grant
 3040.260 Other Requirements
 3040.270 Invalidity

SUBPART C: FAMILY LITERACY PROGRAM

Section
 3040.300 Purpose
 3040.310 Definitions
 3040.320 Eligible Applicants
 3040.330 Grant Applications

SUBPART D: SPECIAL GRANTS

Section
 3040.400 Making Work Pay Grant Program
 3040.450 New Charters Grant Program

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AUTHORITY: Implementing and authorized by the State Library Act [15 ILCS 320] and the Illinois Literacy Act [15 ILCS 322].

SOURCE: Emergency rules adopted at 9 Ill. Reg. 15563, effective October 2, 1985, for a maximum of 150 days; adopted at 10 Ill. Reg. 4916, effective March 11, 1986; amended at 11 Ill. Reg. 17258, effective October 15, 1987; amended at 15 Ill. Reg. 18757, effective December 17, 1991; amended at 16 Ill. Reg. 13084, effective August 15, 1992; amended at 17 Ill. Reg. 7234, effective May 10, 1993; amended at 18 Ill. Reg. 4990, effective March 9, 1994; amended at 20 Ill. Reg. 5889, effective April 9, 1996; amended at 21 Ill. Reg. 2408, effective February 3, 1997; amended at 21 Ill. Reg. 11767, effective August 11, 1997; amended at 22 Ill. Reg. _____, effective _____.

SUBPART D: SPECIAL GRANT PROGRAMS

Section 3040.400 Making Work Pay Grant Program

- a) Pursuant to Section 15 of the Illinois Literacy Act [15 ILCS 322/15], there is established by this Section the application procedure for Making Work Pay literacy grants.
- b) The application for annual grants to businesses, associations and labor unions to provide basic skills training for prospective employees to make them employable shall be made according to a deadline established by the State Librarian. Applications not submitted on time or on the required forms shall not be considered.
- c) The applications shall be evaluated by staff of the Literacy Office/Illinois State Library and a review committee appointed by them.
- d) Applications will be funded according to the amount of funding available, demonstrated need and number being served. Criteria will also include whether the plan of operation contains information about the project goals and objectives and the methods used to achieve these goals and objectives.
- e) Any change in the use of funds from that stated in the approved application shall have prior approval of the State Librarian. Failure to spend funds as approved shall result in ineligibility for future grants.
- f) The application shall consist of:
- 1) A statement on the proposed use of the funds.
 - 2) A plan of operation outlining project activities throughout the grant year.
 - 3) Statements of anticipated outcomes of the proposed project.
 - 4) A report on the use of the previous year's grant, if a grant was received, that shall show how the grant was used and an evaluation detailing the impact of the program.
 - 5) A certification stating that:
 - A) The grant funds will be kept in a separate account;
 - B) The grantee will submit semi-annual financial and

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Programmatic reports covering the use of the funds to the Illinois State Library Literacy Office on April 15, 1999 and on July 15, 1999 for FY99 and on January 15 and July 15 of each subsequent year.

- g) The number of grants to be awarded will be at the discretion of the State Librarian.

(Source: Added at 22 Ill. Reg. _____, effective _____)

Section 3040.450 New Chapters Grant Program

- a) Pursuant to Section 15 of the Illinois Literacy Act [15 ILCS 322/15], there is established by this Section the application procedure for New Chapters literacy grants.

- b) The application for annual grants to literacy projects for providing literacy services to clients of domestic violence facilities shall be made according to a deadline established by the State Librarian. Applications not submitted on time or on the required forms shall not be considered.

- c) The applications shall be evaluated by staff of the Literacy Office/Illinois State Library and a review committee appointed by them.

- d) Applications will be funded according to the amount of funding available, demonstrated need and number being served. Criteria will also include whether the plan of operation contains information about the project goals and objectives and the methods used to achieve these goals and objectives.

- e) Any change in the use of funds from that stated in the approved application shall have prior approval of the State Librarian. Failure to spend funds as approved shall result in ineligibility for future grants.

- f) The application shall consist of:

- 1) A statement on the proposed use of the funds.
- 2) A plan of operation outlining project activities throughout the grant year.

- 3) Statements of anticipated outcomes of the proposed project.

- 4) A report on the use of the previous year's grant, if a grant was received, that shall show how the grant was used and an evaluation detailing the impact of the program.

- 5) A certification stating that:

- A) The grant funds will be kept in a separate account;
- B) The grantee will submit semi-annual financial and programmatic reports to the Illinois State Library Literacy Office on January 15 and July 15 of each year covering the use of the funds.

- g) The number of grants to be awarded will be at the discretion of the State Librarian.

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(Source: Added at 22 Ill. Reg. _____, effective _____)

DEPARTMENT OF FINANCIAL INSTITUTIONS

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- 1) Heading of the Part: Credit Union Act
- 2) Code Citation: 38 Ill. Adm. Code 190
- 3) Section Numbers: Adopted Action:
190.70 Amended
- 4) Statutory Authority: 205 ILCS 305/1
- 5) Effective Date of Amendments: September 15, 1998
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice(s) of Proposal Published in Illinois Register: April 3, 1998, 22 Ill. Reg. 6012 (issued date)
- 10) Has JCAR issued a Statement of Objections to this (these) rules? No
- 11) Difference(s) between proposal and final version: The Department made minor changes to the language based on comments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will this amendment replace any emergency amendment currently in effect?
No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Amendments: To update Loan Loss Accounting procedures.
- 16) Information and questions regarding this adopted amendment begins on the next page:

Name: M. Rose Kelly
 Address: 100 W. Randolph, 15-700
 Chicago IL 60601
 Telephone: 312-814-2008

The full text of the Adopted Amendments begins on the next page:

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TITLE 38: FINANCIAL INSTITUTIONS
 CHAPTER I: DEPARTMENT OF FINANCIAL INSTITUTIONS

PART 190

ILLINOIS CREDIT UNION ACT

Section	
190.5	Credit Union Service Organizations
190.10	Field of Membership Procedures
190.20	Hearings
190.30	Cease and Desist Procedures
190.40	Removal or Suspension Procedures
190.50	Fees
190.60	General Accounting Procedures
190.70	Loan Loss Accounting Procedures
190.80	Use of Electronic Data Processing
190.90	Property and Long Term Leases
190.100	Classes of Share and Special Purpose Share Accounts
190.110	Share Drafts
190.120	Bond and Insurance Requirements
190.130	Verification of Share and Loan Accounts
190.140	Real Estate Lending
190.150	Reverse Mortgage
190.160	Lending Limits - Other Than First Mortgage Loans
190.165	Business Loans
190.170	Group Purchasing
190.180	Investments
190.190	Liquidation
190.200	Conversion of Charter

AUTHORITY: Implementing and authorized by the Illinois Credit Union Act [205 ILCS 305].

SOURCE: Adopted at 4 Ill. Reg. 20, p. 17, effective May 7, 1980; amended at 6 Ill. Reg. 11154, effective September 7, 1982; amended and codified at 7 Ill. Reg. 14973, effective October 26, 1983; emergency amendment at 9 Ill. Reg. 14378, effective September 11, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 16231, effective October 10, 1985; amended at 10 Ill. Reg. 14667, effective August 27, 1986; amended at 12 Ill. Reg. 10464, effective June 7, 1988; amended at 12 Ill. Reg. 17383, effective October 24, 1988; amended at 13 Ill. Reg. 3793, effective March 10, 1989; amended at 13 Ill. Reg. 15998, effective October 2, 1989; emergency amendment at 16 Ill. Reg. 12781, effective July 29, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17073, effective October 26, 1992; amended at 19 Ill. Reg. 2826, effective February 24, 1995; amended at 20 Ill. Reg. 5803, effective April 8, 1996; emergency amendment at 20 Ill. Reg. 13093, effective September 20, 1996, for a maximum of 150 days; emergency expired February 17, 1997; amended at 22 Ill. Reg. 15074, effective

17-317, effective SEP 15 1998

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Section 190.70 Loan Loss Accounting Procedures

- a) For the purpose of absorbing and reporting loan losses, all credit unions must establish, at a minimum, the following accounts in the general ledger:

- 1) Allowance Reserve for Loan Losses - A portion of the statutory Regular Reserve segregated and reported as a direct reduction of loans.
- 2) Provision for Loan Losses - An expense account, immediately preceding dividend expense, used to reflect the cost of losses on loans. At a minimum, adjustments to the allowance for loan losses shall be made prior to the distribution or posting of any dividend to the accounts of members so that the valuation allowance for loan losses established fairly presents the value of loans and probable losses for all categories of loans. The allowance for loan losses must encompass:
 - A) specifically identified substandard doubtful or loss loans;
 - B) pools of classified loans;
 - C) pools of unclassified loans (consumer, credit card, mortgage, business, etc.); and
 - D) a general portion, as needed, for all other loans and credit instruments.

- b) The Allowance Reserve for Loan Losses (ALL) (bbs) is initially established by a one-time transfer from the Regular Reserve (RR). The portion of the ALL adjustment that is attributable to the initial adoption of the Individual Classification method may be made through a one time entry to the undivided earnings account and shall only be permitted as a result of a statutory examination. Any subsequent replenishment of the ALL must be expensed using the Provision for Loan Losses (PLL) Account. --and-is-to-be-maintained-at-a-level-which-would enable-the-absorption-of-all-loans-which-this-rule-requires-the-credit union-to-charge-off-(this-does-not-include-loans-or-applicable-portion of--loan--balances-which-are-recoverable-as-explained-hereafter)--and an-amount-computed-using-the-past-six-calendar-years--experience-rate-- Separate-RBs--s-are-to-be-established-for-loans-secured-by-real-estate and--for--those--loans--not--so-secured. Except as provided herein no subsequent transfer from the Regular Reserve is permitted after the initial establishment of the Allowance Reserve for Loan Losses. The ALL shall be maintained at a level equivalent to an amount computed using both the past five calendar years average loss ratio and an individual classification of probable losses for all consumer and real estate loans. Pursuant to subsection (a)(2)(C), if a pool consists of a large group of smaller balance homogeneous loans, a credit union may utilize an estimated loss percentage on the pool to be determined by collectively evaluating the pool of loans for impairment, as permitted by generally accepted accounting principles (GAAP) (Miller, Comprehensive GAAP Guide, Harcourt, Brace & Co., 6277 Sea Harbor Dr., Orlando FL 32877, 1997 (no subsequent dates or editions)). The

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portion of the ALL attributable to the pool of loans may be determined by applying the estimated loss percentage to the total outstanding balance of the loans comprising the pool instead of individually classifying delinquent loans in the pool. An individual loan within a smaller balance homogeneous loan pool shall not exceed a credit union's unsecured lending limits set forth in Section 190.160. Separate ALL's shall be established for loans secured by real estate and for those loans not so secured.

- c) Delinquency is defined as the failure to make a required payment on or before the contractual due date. Loans delinquent more than 60 days, bankruptcy and loans that exhibit deficiencies that impair their full collectibility shall be classified as either substandard, doubtful or loss.

- 1) Substandard Loans - A substandard loan is one that is inadequately protected by the current sound worth and paying capacity of the obligee or of the collateral pledged. Loans classified as substandard have a well defined weakness or weaknesses that jeopardized the liquidation of the debt. They are characterized by the distinct possibility that the credit union will sustain some loss if the deficiencies are not corrected. Loans in this category shall generally be listed in a range from zero to under 50 percent potential loss.

- 2) Doubtful Loans - A loan classified doubtful has all the weaknesses inherent in a loan classified substandard, with the added characteristic that the weaknesses make collection or liquidation in full, on the basis of currently existing facts, conditions and values, highly questionable and improbable. The possibility of loss is extremely high, but because of certain important and reasonable specific pending factors which may work to the advantage and strengthening of the loan, its classification as an estimated loss is deferred until a more exact status may be determined. Loans in this category shall be listed at a minimum 50 percent potential loss.

- 3) Loss Loans - Loans classified as loss loans are considered uncollectible and shall be listed at 100 percent potential loss. Loans considered loss loans include, but are not limited to:

- A) Any loan 180 days or more delinquent without a payment of at least 75% of the contractual payment within the last 90 days. Involuntary transfers from shares and proceeds from the sale of collateral and insurance settlement shall not be considered as payments.

- B) Any loan that is 180 days or more delinquent and referred to an attorney or a collection agency.

- C) Any loan which was previously 180 days or more delinquent, has been refinanced or extended and has subsequently become 90 days or more delinquent. In instances where a delinquent loan is refinanced or extended and does not fully and fairly disclose the delinquency as determined in a statutory

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examination of the credit union, the loan shall be immediately classified as a loss loan.

D) Any loan with respect to which the borrower has filed a Chapter 7 bankruptcy petition and has been granted a discharge by the court.

E) Any loan with respect to which the borrower has filed a Chapter 13 bankruptcy and the credit union has not received a payment within 180 days or more after the confirmation of the plan, unless the plan stipulates repayment of the loan in full and the credit union has determined from the Trustee that plan payments are being made on a timely basis to the Trustee but have not yet been disbursed to the credit union.

F) Any loan with respect to which the borrower's whereabouts is unknown (a "skip") unless there is a comaker whose whereabouts is known and the loan is less than 180 days delinquent.

G) Any loan where a "deficiency balance" has resulted from the sale of collateral or an insurance settlement unless there is documented evidence of periodic payments on a consistent basis in an amount sufficient to retire the deficiency balance in a reasonable time.

4) Where there is evidence of collectibility of loans meeting the loss loans criteria of subsection (c)(3) of this Section, the credit union's records shall list the loans and classify them as substandard or doubtful and detail the evidence of collectibility used to exclude each loan from the loss loan category. Evidence of collectibility shall be the following collection activities and remedies:

A) Execution and filing of an enforceable reaffirmation agreement on the loan in a Chapter 7 bankruptcy proceeding prior to completion of the Department's loan analysis in any statutory examination of the credit union.

B) Voluntary repayment of the loan pursuant to Section 524(f) of the Federal Bankruptcy Code (11 USC 524(f)).

C) Collection of the loan pursuant to repossession of collateral without judicial process, or by replevin, detainee, forcible entry and detainer or mortgage foreclosure proceedings.

D) Collection of the loan pursuant to post-judgment enforcement remedies including wage deduction, garnishment and turnover orders entered in citation to discover assets supplementary proceedings.

E) The entry of a judgment pay plan order providing for repayment of the loan in a judicial proceeding.

F) Documented evidence of repayment of that portion of the loan covered by collateral protection or other insurance policies.

G) Documented evidence of periodic payments on a consistent

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basis in an amount sufficient to retire the loan balance in a reasonable time.

5) The Five Year Average Loss Ratio is computed by dividing a sum not exceeding the total of the past five year's net loan losses by a sum not exceeding the total of the last five year's December 31 loan balances. The resulting ratio is to be multiplied by the total loans outstanding less the loans that have been classified individually or as pools of smaller balance homogeneous loans. Based upon the asset cycle of the credit union, the credit union, after receiving the written approval from the Director, may adjust the historical time period to more accurately reflect the credit union's loan loss experience. A new credit union not having a Five Year Average Loss Ratio for loss loans will be evaluated using available data.

A) Before every dividend declaration or every closing date, all delinquent and bankrupt loans shall be individually classified as either substandard, doubtful or loss. All loans classified as losses must be charged off to the ALL.

B) In calculating the proportion of net income that shall be transferred to the Regular Reserve, any amounts already taken as PUL during the calendar year shall be subtracted from the statutory reserve transfer. In the event the amount of PUL exceeds the statutory reserve transfer that has been calculated, an amount equivalent to the difference between the two shall be transferred from Regular Reserve to Undivided Earnings.

d) Nothing in this Section shall be applicable to the establishment of an Allowance for Loan Losses account for business loans. Business loans shall be classified pursuant to Section 190.165.

e) The experience rate, which is used to determine the minimum required RRR, is computed by dividing the total of the past six years' net loan losses by the total of the last six years' December 31 loan balances. In the case of a new credit union not having a 6-year experience rate for loss loans, an evaluation on the available data is used.

d) The following are the minimum criteria for determining a loss loan:

- 1) Any loan delinquent in contractual payments in an amount equal to 12 or more months;
- 2) Any loan on which the borrower has taken bankruptcy;
- 3) Any loan which was previously over 12 months delinquent, has been refinanced and has subsequently become delinquent in an amount equal to 3 monthly contractual payments or more;
- 4) Any account placed in the hands of a collection agency or attorney where a percentage of the collected amount is retained by the collector or attorney as a fee for the collection service and which is delinquent or which subsequently becomes delinquent in contractual payments in an amount greater than 6 months;
- e) Before every dividend declaration and/or every closing date, all loans in the above categories and any other loan on which there is an

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anticipated loss must be charged off to the RBb; however such loans or applicable portions need not be charged off if there is substantial objective evidence that the loan balance or a portion can be recovered and the credit union has taken appropriate action to effect recovery. The credit union's records must categorize all loans according to the above estimated loss criteria and contain evidence used to substantiate the continued carrying of a loan as an asset if the loan is in a loss category. The RBb must then be replenished using the provision for Loan Losses Account (PbB), to the minimum required level based on the experience rate.

f) When making the year end statutory Regular Reserve transfer any amounts already taken as a PbB during the year may be deducted from the total transfer required to the extent of the transfer. If the PbB exceeds the statutory transfer an amount equal to this excess may be transferred at the option of the credit union to the undivided earnings account from Regular Reserve if necessary to pay the expenses of the period covered by the statutory transfer.

g) Nothing in this section shall be applicable to the establishment of a Reserve for Loan Losses Account for business loans. Reference must be made to Section 190.165 of this Part for the establishment of a Reserve for Loan Losses Account for business loans.

(Source: Amended at 22 Ill. Reg. 17317, effective SEP 15 1998)

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Riverboat Gambling
- 2) Code Citation: 86 Ill. Adm. Code 3000
- 3) Section Numbers:

3000.100	Amendment	<u>Adopted Action:</u>
3000.105	New Section	
3000.200	Amendment	
3000.210	Amendment	
3000.245	Amendment	
3000.660	Amendment	
3000.800	Amendment	
- 4) Statutory Authority: Riverboat Gambling Act [230 ILCS 10]
- 5) Effective Date of Amendments: September 21, 1998
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these amendments contain incorporations by reference? No
- 8) Is a copy of the adopted amendments on file in the agency's principal office and available for public inspection? Yes
- 9) Notice of Proposal Published in Illinois Register: April 24, 1998; 22 Ill. Reg. 7097
- 10) Has JCAR issued a Statement of Objections to these amendments? No
- 11) Differences between proposal and final version: No public comment was received concerning this rulemaking. Only the technical change recommended by JCAR has been made. In subsection (c) of Section 3000.210, "Occupational" was changed to "Occupation".
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will these Adopted Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
3000.100	Amendment	May 29, 1998; 22 Ill. Reg. 9113
3000.220	Amendment	May 29, 1998; 22 Ill. Reg. 9113
3000.222	New Section	May 29, 1998; 22 Ill. Reg. 9113
3000.223	New Section	May 29, 1998; 22 Ill. Reg. 9113

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3000.224	New Section	May 29, 1998; 22 Ill. Reg. 9113
3000.225	New Section	May 29, 1998; 22 Ill. Reg. 9113
3000.236	Amendment	May 29, 1998; 22 Ill. Reg. 9113
3000.241	Amendment	May 29, 1998; 22 Ill. Reg. 9113

- 15) Summary and Purpose of Amendments: These amendments add definitions of "Parent Company," "Person," and "Substantial Owner," and revise the definition of "Junketeer." The new section clarifies in rule certain Gaming Board meeting and voting provisions, and codifies existing Board practice regarding telephonic meetings and the "two meeting requirement" for Board action on licensee requests. General managers of riverboat casinos are required to hold a Level 1 Occupation License. Annual occupation license fees are payable upon the first renewal date and annually thereafter. Temporary identification badges for occupational licensees expire one year from the date of application. Linked Electronic Gaming Devices ("EGDs" or commonly "slot machines") contributing to the progressive jackpot must each have the same probability of winning the jackpot. The amendments also authorize the use of 1/4 format cameras that satisfy other requirements for surveillance purposes.

- 16) Information and questions regarding these Adopted Amendments shall be directed to:

Sterling M. Ryder
Deputy Chief Counsel
Illinois Gaming Board
101 West Jefferson Street
Springfield, Illinois 62702
(217)524-0226

The full text of the Adopted Amendments begins on the next page:

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TITLE 86: REVENUE
CHAPTER IV: ILLINOIS GAMING BOARD
PART 3000
RIVERBOAT GAMBLING

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3000.100	Definitions
3000.101	Invalidity
3000.102	Public Inquiries
3000.103	Organization of the Illinois Gaming Board
3000.104	Rulemaking Procedures
3000.105	Board Meetings
3000.110	Disciplinary Actions
3000.115	Records Retention
3000.120	Place to Submit Materials
3000.130	No Opinion or Approval of the Board
3000.140	Duty to Disclose Changes in Information
3000.141	Applicant/Licensee Disclosure of Agents
3000.150	Owner's and Supplier's Duty to Investigate
3000.155	Investigatory Proceedings
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3000.161	Communication with Other Agencies
3000.165	Participation in Games by Owners, Directors, Officers, Key Persons or Gaming Employees
3000.170	Fair Market Value of Contracts
3000.180	Weapons on Riverboat

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3000.200	Classification of Licenses
3000.210	Fees and Bonds
3000.220	Applications
3000.221	Other Required Forms
3000.230	Owner's Licenses
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3000.234	Acquisition of Ownership Interest By Institutional Investors
3000.235	Transferability
3000.236	Owner's License Renewal
3000.240	Supplier's Licenses
3000.241	Renewal of Supplier's License
3000.242	Amendment to Supplier's Product List
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3000.245	Occupational Licenses
3000.250	Transferability of Licenses

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3000.260 Waiver of Requirements
 3000.270 Certification and Registration of Electronic Gaming Devices
 3000.271 Analysis of Questioned Electronic Gaming Devices
 3000.280 Registration of All Gaming Devices
 3000.281 Transfer of Registration (Repealed)
 3000.282 Seizure of Gaming Devices (Repealed)
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 3000.310 Approval of Internal Control System
 3000.320 Minimum Standards for Internal Control Systems
 3000.330 Review of Procedures (Repealed)
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 3000.405 Requests for Hearings
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 3000.420 Motions for Summary Judgment
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 3000.431 Prohibition on Ex Parte Communication
 3000.435 Sanctions and Penalties
 3000.440 Transmittal of Record and Recommendation to the Board
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SUBPART E: EXCURSIONS

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 3000.500 Time of Excursion
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 3000.600 Wagering Only with Approved Chips, Tokens and Electronic Cards

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amendment at 21 Ill. Reg. 14566, effective October 22, 1997, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 978, effective December 29, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 4390, effective February 20, 1998; amended at 22 Ill. Reg. 10449, effective May 27, 1998; amended at 22 Ill. Reg. 14324, effective SEP 24 1998.

SUBPART A: GENERAL PROVISIONS

Section 3000.100 Definitions

For purposes of these Rules the following terms shall have the following meanings:

"Act": The Riverboat Gambling Act. [230 ILCS 10]

"Affiliate": An "Affiliate of", or person "Affiliated with", a specified person shall mean a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, such person.

"Alcoholic Liquors": Includes alcohol, spirits, wine and beer, and every liquid or solid, patented or not, containing alcohol, spirits, wine or beer, and capable of being consumed as a beverage by a human being.

"Attributed Interest": A direct or indirect interest in a Business Entity deemed to be held by a person not through the person's actual holdings but either through the holdings of the person's relatives or through a third party or parties on behalf of the person pursuant to a plan, arrangement or agreement.

"Bill Validator": Any electro-mechanical device attached either on or into an Electronic Gaming Device which accepts and analyzes the legitimacy of United States currency, validates the currency, stores the currency, and issues Electronic Credits equal to the value of currency inserted into the device.

"Board": The Illinois Gaming Board.

"Business Entity": A partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or other business enterprise.

"Chip": A non-metal or partly metal representative of value, redeemable for cash, and issued and sold by a holder of an Owner's License for use in Gaming other than in Electronic Gaming Devices on such holder's Riverboat or Riverboats.

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3000.920 Disciplinary Action
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3000.1000 Ownership Records
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3000.1020 Standard Financial and Statistical Records
3000.1030 Annual and Special Audits and Other Reporting Requirements
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3000.1070 Tips or Gratuities
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SUBPART K: SEIZURE AND DISCIPLINARY HEARINGS

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3000.1100 Coverage of Subpart
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3000.1145 Evidence
3000.1146 Prohibition of Ex Parte Communication
3000.1150 Sanctions and Penalties
3000.1155 Transmittal of Record and Recommendation to the Board

AUTHORITY: Implementing and authorized by the Riverboat Gambling Act [230 ILCS 10].

SOURCE: Emergency rule adopted at 15 Ill. Reg. 11252, effective August 5, 1991, for a maximum of 150 days; adopted at 15 Ill. Reg. 18263, effective December 10, 1991; amended at 16 Ill. Reg. 13310, effective August 17, 1992; amended at 17 Ill. Reg. 11510, effective July 9, 1993; amended at 20 Ill. Reg. 5814, effective April 9, 1996; amended at 20 Ill. Reg. 6280, effective April 22, 1996; emergency amendment at 20 Ill. Reg. 8051, effective June 3, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14765, effective October 31, 1996; amended at 21 Ill. Reg. 4642, effective April 1, 1997; emergency

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"Chip Float": The difference between the total face value of Chips received from vendors and the total face value of Chips accounted for through an inventory conducted by the Riverboat Gaming Operation.

"Dependent": Any individual who received over half of his support in a calendar year from any other individual.

"Electronic Card": A card purchased from a holder of an Owner's license for use on that holder's Riverboat Gaming Operation as a substitute for Tokens in the conduct of gaming on an Electronic Gaming Device.

"Electronic Credit": A value owed to a patron on an Electronic Gaming Device.

"Electronic Gaming Device": Includes as approved Games under Section 3000.605 Single-Position Reel-Type, Single-Position Single-Game Video and Single-Position Multi-Game Video Electronic Gaming Devices.

"Electronic Gaming Device Drop": The total face value of Tokens or representations of Tokens (including without limitation foreign Tokens and slugs) collected from the drop bucket and United States currency collected from the Bill Validator drop box.

"Electronic Gaming Device Win": The Electronic Gaming Device Drop minus hand-paid jackpots minus hopper fills.

"EPROM": An acronym for Erasable, Programmable, Read Only Memory, which is a microprocessor component that stores memory and affects payout percentage and/or contains a random number generator that selects the outcome of a Game on an Electronic Gaming Device.

"Excluded Person": Any person whose name appears on any Exclusion List, or any person whose name does not appear on an Exclusion List but who is excluded or ejected pursuant to Section 5(c)(12) of the Act or as a result of meeting one or more of the criteria in Section 3000.720 of these rules.

"Exclusion List": A list or lists which contain the identities of persons who are to be excluded or ejected from any licensed Gaming operation in any jurisdiction. The list may include any person whose reputation or conduct is such that his presence within a Riverboat Gaming Operation may, in the opinion of the Board or the Administrator, call into question the honesty or integrity of the Gaming operation or pose a threat to the interests of the State of Illinois.

"Game": A gambling activity which is played for money, property, or

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anything of value, including without limitation those played with cards, Chips, Tokens, dice, implements, or electronic, electrical, or mechanical devices or machines.

"Gaming": The dealing, operating, carrying on, conducting, maintaining or exposing for play of any Game.

"Gaming Equipment/Supplies": A machine, mechanism, device, or implement which is integral to the operation of a Game or affects the result of a Game by determining win or loss, including without limitation: electronic, electrical, or mechanical devices or machines; cards or dice; layouts for Live Gaming Devices; any representative of value used with any Game, including without limitation Chips, Tokens, or Electronic Cards; and hardware and software related to any item described herein.

"Gaming Operations Manager": A person or business entity other than the holder of an Owner's license who has the ultimate responsibility to manage, direct or administer the conducting of Gaming.

"Hand": Either one Game in a series, one deal in a card Game, or the cards held by a player.

"Indirect Interest": An interest in a Business Entity that is deemed to be held by the holder of an Owner's license not through the holder's actual holdings in the business entity but through the holder's holdings in other business entities.

"Institutional Investor": A "qualified institutional buyer" as defined by Securities and Exchange Commission Rule 144A (17 CFR 230.144A) under the Securities Act of 1933, as amended.

"Internal Control System": Proprietary internal procedures and administration and accounting controls designed by the holder of an Owner's license for the purpose of exercising control over the Riverboat Gaming Operation.

"Junketeer": A person or entity that facilitates a patron's participation in gaming at a Riverboat Gaming Operation and is compensated, not as an employee but as an independent contractor, by that Operation based upon how much the patron actually wagers or loses that is compensated by a Riverboat Gaming Operation depending on how much a patron whose participation in gaming is facilitated by that person or entity actually wagers or loses while participating in gaming covered by a contract or agreement between the person or entity and the Riverboat Gaming Operation.

"Key Person":

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For a publicly-held Business Entity subject to the Act, "Key Person" shall mean an officer; director; trustee; partner; managing agent; holder of any direct, indirect or beneficial ownership interest of 5% or more of a licensee or other entity subject to the Act; and any person identified by the Board as a person able to control or exercise significant influence over the management or operating policies of a licensee or other entity subject to the Act.

For other than a publicly-held Business Entity subject to the Act, "Key Person" shall mean an officer; director; trustee; partner; managing agent; holder of any direct, indirect or beneficial ownership interest of a licensee or other entity subject to the Act; and any person identified by the Board as a person able to control or exercise significant influence over the management or operating policies of a licensee or other entity subject to the Act.

"Live Gaming Device": Any apparatus, other than an Electronic Gaming Device, upon which gaming is conducted or which determines an outcome which is the object of a wager. This definition includes but is not limited to roulette wheels, keno machines, punchboard tickets and tables with layouts utilized in Games approved by the Board.

"Marketing Agent": A person or entity, other than a junketeer or an employee of a Riverboat Gaming Operation, who is compensated by the Riverboat Gaming Operation in excess of \$100 per patron per trip for identifying and recruiting patrons.

"Non-Value Chip": A Chip, clearly and permanently impressed, engraved or imprinted with the name of the Riverboat Gaming Operation, but bearing no value designation.

"Notice of Board Action": A Notice of Denial, Restriction, Suspension, Revocation, Nonrenewal, Fine, Exclusion or other action issued by the Board.

"Parent Company": A "parent company" of a specified person is an affiliate controlling such person directly, or indirectly through one or more intermediaries.

"Payout": Winnings earned on a wager.

"Person": "Person" includes both individuals and Business Entities.

"Petitioner": An applicant, licensee, or Excluded Person who requests a hearing upon issuance of a Notice of Board Action.

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"Progressive Controller": The hardware and software that controls all communications among the machines within a progressive Electronic Gaming Device link and its associated progressive meter.

"Progressive Jackpot": An award for winning play in a Game, the value of which is determined by the contribution of a portion of each Wager placed into play or the combined amount of several wagers linked to a common jackpot award.

"Relative": Spouse, parents, grandparents, children, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law, and sisters-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship, and Dependents.

"Riverboat Gaming Operation": The owner licensee, Gaming Operations Manager, or, as the context requires, the conducting of Gaming and all related activities, including without limitation the purveying of food, beverages, retail goods and services, and transportation, on a Riverboat and at its Support Facilities.

"Signature": The definitive identity of an individual specific EPROM chip, determined by electronic analysis and reflective of the EPROM chip's game behavior capability.

"Substantial Owner": A person who has an ownership interest of 25% or more in a Business Entity.

"Supplier": Either a Gaming Operations Manager or a provider of Gaming Equipment, Gaming Equipment maintenance or repair services, security services or lessor of a Riverboat or dock facilities or a provider of any goods or services where payment is calculated by a percentage of a Riverboat Gaming Operation's revenues.

"Support Facility": A place of business which is part of, or operates in conjunction with, a Riverboat Gaming Operation and is owned in whole or in part by a holder of an Owner's or Supplier's license or any of their Key Persons, including without limitation Riverboats, offices, docking facilities, parking facilities, and land-based hotels or restaurants.

"Table Drop": The total amount of cash or cash equivalents contained in the drop box for Chips purchased at a Live Gaming Device.

"Table Win": The dollar amount won by the holder of an Owner's license through play at a live Game which is the total of the Table Drop plus ending Chip inventory plus credits minus opening Chip inventory minus fills.

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"Theoretical Payout Percentage": The percentage of Tokens wagered which will be returned to players by an Electronic Gaming Device.

"Token": A metal representative of value, redeemable for cash only at the issuing Riverboat Gaming Operation, and issued and sold by a holder of an Owner's license for use in Gaming.

"Token Dispenser": Any mechanical or electrical device designed for the purpose of dispensing an amount of Tokens equal to the amount of currency inserted into the device.

"Token Float": The difference between the total face value of Tokens received from vendors and the total face value of Tokens accounted for through an inventory conducted by the Riverboat Gaming Operation.

"Value Chip": A Chip, clearly and permanently impressed, engraved or imprinted with the name of the Riverboat Gaming Operation and the specific value of the Chip.

"Wager": A sum of money or thing of value risked.

(Source: Amended at 22 Ill. Reg. 1324, effective SEP 21 1998)

Section 3000.105 Board Meetings

- a) The Board makes all of its decisions on adjudicatory cases and regulatory matters at public meetings of the Board noticed and held in accordance with the Open Meetings Act [5 ILCS 120]. The Board holds closed meetings pursuant to Section 2a of the Open Meetings Act [5 ILCS 120/2a].
- b) Final decisions of the Board may be made only at meetings held when a quorum, constituted by three members of the Board, is present. Three affirmative votes are required for any final decision of the Board. The presence of a quorum is required at a meeting in order for the Board to transact any business, perform any duty, or exercise any power that the Riverboat Gambling Act [230 ILCS 10] requires the Board to transact, perform or exercise en banc.
- c) Meetings may be held with Board members physically present or present telephonically. In the event a Board member is present telephonically, the public session of such a meeting will be broadcast over a speakerphone that is open to the public at the Board's office in Chicago.
- d) Section 5(b)(8) of the Riverboat Gambling Act [230 ILCS 10/5(b)(8)] requires the Board to meet at least once during each quarter of the fiscal year and allows the Board to hold other meetings pursuant to the Open Meetings Act [5 ILCS 120]. The Chairman or any 2 members of the Board may call a special meeting of the Board upon giving 72 hours

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written notice to each Board member.

- e) Requests for Board action initiated by licensees shall be given initial consideration by the Board at one meeting and be given final consideration by the Board at a subsequent meeting. However, upon motion, the Board may give immediate consideration to the action request.

(Source: Added at 22 Ill. Reg. 1324, effective SEP 21 1998)

SUBPART B: LICENSES

Section 3000.200 Classification of Licenses

The Board may classify an activity to be licensed in addition to, different from, or at a different level than the classifications set forth in this Subpart.

- a) Owner's License. An owner of a Riverboat Gaming Operation is required to hold an Owner's license.
- b) Supplier's License. The following persons or entities are required to hold a Supplier's License:
 - 1) Gaming Operations Manager (individual or entity). All employees of a Gaming Operations Manager who have any duty, authority or function relating directly or indirectly to the Gaming Operation will be required to hold an Occupation License in accordance with subsection (c) of this Section.
 - 2) Supplier of Gaming Equipment/Supplies, including a manufacturer, distributor, wholesaler, or retailer. All manufacturers of Electronic Gaming Devices, Chips, and Tokens must be licensed as a Supplier regardless of whether the manufacturer uses an independent distributor or wholesaler to distribute its Equipment/Supplies.
 - 3) Supplier of Gaming Equipment maintenance or repair services.
 - 4) Supplier of security services.
 - 5) Lessors of Riverboat and/or dock facilities.
 - 6) Supplier of any goods or services where payment is calculated by a percentage of a Riverboat Gaming Operation's revenues.
 - 7) Junketeers.
 - 8) Any other purveyor of goods or services to a Riverboat Gaming Operation, as deemed necessary by the Board.
- c) Occupation License. A person employed at a Riverboat Gaming Operation is required to hold an Occupation License. An Occupation licensee may perform any activity included within the licensee's level of Occupation License or any lower level of Occupation License.
 - 1) Occupation License, Level 1, includes the following positions, or their equivalent:
 - A) Audit Manager;
 - B) Casino Manager;

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- C) Chief of Security;
 D) Chief of Surveillance;
 E) Chief Financial Officer and/or Controllor;
 F) EDP Manager;
 G) Electronic Gaming Device Manager; and
 H) General Manager; and
 I)H) Table Games Manager.
- 2) Occupation License, Level 2. A Gaming or security/surveillance employee not required to hold an Occupation License, Level 1 under subsection (c)(1) of this Section.
- 3) Occupation License, Level 3. An employee not required to hold an Occupation License, Level 1 or Level 2 under subsections (c)(1) and (c)(2) of this Section.

(Source: Amended at 22 Ill. Reg. 17324, effective SEP 21 1993)

Section 3000.210 Fees and Bonds

All fees shall be submitted to the Board in the form of a check or money order made payable to the State of Illinois.

- a) Application Fees. The following application fees must be paid upon the submittal of the application to which they relate:

- 1) Owner's license: \$50,000.
- 2) Supplier's License: \$10,000.
- 3) Occupation License, Level 1: \$1,000.
- 4) Occupation License, Level 2: \$200.
- 5) Occupation License, Level 3: \$75.

- b) Increased Application Fee. The application fee of an applicant may be increased to the extent that the cost of the investigation relating to the applicant exceeds the applicant's fee amount provided in subsection paragraph (a). Unless otherwise determined by the Administrator, no further action shall be taken with respect to the application until payment of the increased fee is received by the Board.

- c) License Fees. The following annual license fees are due from Owners and Suppliers upon licensing. The annual Occupation License fees are due upon the first renewal of the license and thereafter upon renewal. If there is cause for an investigation relating to a license, the licensee shall pay the Board for the cost of the investigation.

- 1) Owner's license: \$25,000 for the first year of operation, \$5,000 for each succeeding year of licensure.
- 2) Supplier's License: \$5,000.
- 3) Occupation License, Level 1: \$50.
- 4) Occupation License, Level 2: \$50.
- 5) Occupation License, Level 3: \$50.

- d) Holder of an Owner's License Bond

- 1) The form of the holder of an Owner's license surety bond required

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under Section 10 of the Act must be approved by the Administrator prior to its posting.

- A) The bond shall state that it is exercisable if the licensee fails to comply with the obligations provided under Section 10 of the Act. The bond may provide that the liability of the surety is limited to the extent of the liability of the licensee.
- B) The bond shall state that in the event it is to be modified or cancelled the surety shall notify the Board in writing at least 30 days prior to the date of such modification or cancellation.
- C) The bond shall state that it shall run continuously and remain in full force and effect during the period of the licensee's licensure.
- 2) The bond shall be posted with the Board.

(Source: Amended at 22 Ill. Reg. 17324, effective SEP 21 1993)

Section 3000.245 Occupational Licenses

- a) Overview of Licensing Procedures. Applications for Occupational Licenses shall be subject to the following procedures prior to licensing:

- 1) Application;
- 2) Issuance of a temporary identification badge;
- 3) Investigation of the applicant;
- 4) Action of the Board; and
- 5) Different or additional licensing procedures as required of the applicant by the Board.

- b) Temporary Identification Badge Requirements

- 1) Each occupational applicant shall receive from his employer a partially completed temporary identification badge. The applicant shall deliver such badge to a Board agent at applicant's employer's dock site facility for processing and completion.

- 2) The Temporary identification badge shall:

- A) Be a white 3-1/2" by 2" card bearing the name and logo of the Riverboat Gaming Operation;
 - B) Provide space for a 1" by 1-1/4" photograph;
 - C) Display applicant's first name and job title;
 - D) Provide a space for an eight (8) digit number;
 - E) Provide a space for the Administrator's signature; such temporary badge; and
 - G) Provide on the reverse side a line for the employee's last name, signature, social security number and date of birth.
- 3) Upon presentation of the partially completed badge to a Board

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agent at the dock facility, the applicant shall be photographed and fingerprinted by the agent who shall complete and laminate the badge.

- 4) A temporary identification badge will not be issued if the Administrator or his designated agent has reason to believe the applicant is the subject of a pending investigation or disciplinary action, or is ineligible for licensing pursuant to Section 9(a)(1) or § 9(a)(2) of the Act. If the temporary identification badge is not issued, the applicant is not permitted to work for the Riverboat Gaming Operation until and unless the Board issues a license to the applicant.

- 5) Temporary identification badges are valid for up to one year from the date of the application unless extended by the Administrator.

A temporary identification badge is not transferable and upon resignation or termination of employment, must be returned by the Occupational License applicant to the holder of an Owner's License or to the Board. If returned to the holder of an Owner's License, the holder must then return the badge to the Board.

- 6) Withdrawal of Temporary Identification Badge.

A) The Administrator, upon written notification to the applicant and the holder of the Owner's License, may withdraw an applicant's temporary identification badge upon determining a recommendation of denial to the Board.

B) If an applicant's temporary identification badge is withdrawn, the applicant is not permitted to work for the Riverboat Gaming Operation until and unless the Board issues a license to the applicant.

C) If an applicant's temporary identification badge is withdrawn, the applicant's application for licensing will proceed to Board action unless it is withdrawn by the applicant prior to Board action on licensure.

- c) Investigation of the Applicant and Application. An applicant is responsible for compliance with all requests for information, documents, or other materials relating to the applicant and his application.

- d) Action of the Board

1) In determining whether to grant such a license, the Board shall consider the character, associations and reputation of the applicant and the qualifications of the applicant to perform the duties of the position to be licensed.

2) If the Board finds the applicant suitable for licensing, it shall direct the Administrator to issue the applicant a license. upon payment of the applicant's license fee---if the applicant's license fee is not received by the Board within 10 business days after the date of mailing notification of the applicant's suitability for licensing to the applicant, the Administrator shall withdraw the applicant's temporary identification badge and report to the Board.

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3) If the Board finds the applicant not suitable for licensing, it shall issue the applicant a Notice of Denial by certified mail or personal delivery.

- e) Request for Hearing

1) An applicant who is served with a Notice of Denial may request a hearing in accordance with Section 3000.405.

2) If a hearing is not requested, the Notice of Denial becomes the final order of the Board denying the applicant's license application.

- f) Reapplication for Denied License. If an applicant is denied a license, the applicant may not reapply for a license within one year from the date on which the final order of denial was voted upon by the Board, without leave of the Board.

- g) Permanent Identification Badge Requirements

1) Upon notification of a finding of suitability by the Board and issuance of an Occupational License to applicant, applicant shall receive from his employer a partially completed permanent identification badge. Applicant shall deliver such badge to a Board agent at applicant's dock site facility for completion and processing.

- 2) The permanent identification badge shall:

A) Be of a color selected by the Riverboat Gaming Operation for use on all permanent identification badges utilized by its occupational licensees;

B) Be a 3-1/2" by 2" card bearing the name and logo of the Riverboat Gaming Operation;

C) Provide space for a 1" by 1-1/4" photograph;

D) Provide a space for an eight digit number;

E) Display the employee's first name and job title;

F) Provide a space for the Administrator's signature;

G) Provide a space for the dates of issuance and expiration of applicant's Occupational License;

H) Provide on the reverse side of the card a line for the employee's last name, signature, social security number and date of birth.

- 3) Permanent identification badges are not transferable and upon resignation or termination of employment must be returned by the occupational licensee to the holder of an Owner's License or to the Board. If returned to the holder of an Owner's License, the holder must then return the badge to the Board.

- h) Display of Identification Badges

Identification badges as required by subsections (b) and (g) of this Section shall be worn by all employees during work hours, including those persons employed on the dock site. Identification badges shall be clearly displayed.

- i) A fee of \$10.00 shall be paid to the Board for any necessary replacement(s) of identification badges.

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 22 Ill. Reg. 17324, effective SEP 21 1993)

SUBPART F: CONDUCT OF GAMING

Section 3000.660 Minimum Standards for Electronic Gaming Devices

- a) Electronic Gaming Devices shall pay out a mathematically demonstrable percentage of all amounts wagered, which must not be less than 80%, nor more than 100% unless otherwise approved by the Administrator. Electronic Gaming Devices that may be affected by player skill must meet this standard when using a method of play that will provide the greatest return to the player over a period of continuous play.
- b) Electronic Gaming Devices shall:
 - 1) Be controlled by a microprocessor or the equivalent;
 - 2) Be compatible to on-line data monitoring;
 - 3) Have a separate locked internal enclosure within the device for the circuit board containing the EPROM;
 - 4) Be able to continue a Game with no data loss after a power failure;
 - 5) Have previous and current Game data recall;
 - 6) Have a random selection process that must not produce detectable patterns of Game elements or detectable dependency upon any previous Game outcome, the amount wagered, or upon the style or method of play;
 - 7) Clearly display applicable rules of play and the payout schedule;
 - 8) Display an accurate representation of each Game outcome. After selection of the Game outcome, the Electronic Gaming Device must not make a variable secondary decision which affects the result shown to the player;
 - 9) Have a complete set of nonvolatile meters including Tokens-in, Tokens-out, Tokens dropped and jackpots paid;
 - 10) Make available for random selection at the initiation of each play each possible permutation or combination of Game elements which produce winning or losing Game outcomes; and
 - 11) Not automatically alter pay-tables or any function of the Electronic Gaming Device based on internal computation of the hold percentage.
- c) When an Electronic Gaming Device is unable to drop sufficient Tokens for payment of jackpots requiring the payment to be made by the Riverboat, jackpot payout tickets must be prepared containing the following information:
 - 1) The location of the Electronic Gaming Device;
 - 2) The date;
 - 3) The time of day;
 - 4) The Electronic Gaming Device number;
 - 5) The amount of the jackpot payout in numeric form if the ticket is machine generated, or in written and numeric form if the ticket

ILLINOIS GAMING BOARD

NOTICE OF ADOPTED AMENDMENTS

- is prepared manually;
 - 6) The signature of the holder of an Owner's license or Riverboat Gaming Operation employee making the payment; and
 - 7) A signature of at least one other Riverboat Gaming Operation employee attesting to the accuracy of the form.
- d) Electronic Gaming Devices linked to any Progressive Jackpot system shall meet the following specifications:
- 1) The value of a Progressive Jackpot shall be clearly displayed above the interlinked Electronic Gaming Devices, and metered incrementally by a Progressive Controller. Any Electronic Gaming Device that offers a Progressive Jackpot, or that is linked to a Progressive Jackpot, must prominently display a manufacturer-supplied glass indicating either that a Progressive Jackpot is to be paid or indicating the current amount of the jackpot. All Electronic Gaming Devices linked and contributing to a common Progressive Jackpot shall have the same probability of hitting the combination that will award the Progressive Jackpot ~~contain--EPROMs--with---identical---Theoretica~~---Payout Percentage;
 - 2) A Progressive Jackpot may be transferred to another progressive Electronic Gaming Device at the same location in the event of a device malfunction or replacement, with approval of the Administrator;
 - 3) A holder of an Owner's license may impose a limit on the Progressive Jackpot of Electronic Gaming Devices which are linked to any Progressive Controller;
 - 4) No Progressive Jackpot indicator shall be cancelled or turned back to a lesser amount unless one of the following circumstances occurs:
 - A) The amount shown on the progressive meter is paid to a player as a jackpot;
 - B) It becomes necessary to adjust the progressive meter to prevent the jackpot indicator from displaying an amount greater than the limit imposed by the Riverboat Gaming Operation pursuant to subsection (d)(3) of this Section; and
 - C) It becomes necessary to change the jackpot indicator because of an Electronic Gaming Device malfunction, in which case such malfunction and adjustment must be recorded by appropriate Electronic Gaming Device monitoring on-line data system;
 - 5) A holder of an Owner's license who is liable for payment of a Progressive Jackpot must secure the amount of same by a cash deposit, a performance bond, or a security instrument nationally recognized in the Gaming industry. The Administrator must approve all deposits, bonds, or other instruments, and the security instrument must be secured in a method approved by the Administrator.

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(Source: Amended at 22 Ill. Reg. 17324, effective SEP 21 1998)

SUBPART H: SURVEILLANCE AND SECURITY

Section 3000.800 Required Surveillance Equipment

The holder of an Owner's License shall install in the Riverboat a closed circuit television system in accord with the specifications herein and shall provide access to the system or its signal by the Board. The closed circuit television must meet or exceed the following specifications:

- a) Solid state, black and white cameras, 2/3, 1/2_L or 1/3 or 1/4 format, with minimum 400 plus line resolution installed in fixed positions with matrix control and/or with pan, tilt and zoom capabilities, secreted from public and non-surveillance personnel view to effectively and clandestinely monitor in detail, from various vantage points, the following:

- 1) The Gaming conducted at the Electronic Gaming Devices;
- 2) The master display board and the number or ball selection device for Keno;
- 3) The count processes conducted in the count rooms;
- 4) The movement of cash, Chips, drop boxes, tip boxes, Token storage boxes, and drop buckets within the Riverboat and any area of transit of uncounted Tokens, Chips, cash and cash equivalents;
- 5) Any area where Tokens or Chips can be purchased or redeemed;
- 6) The entrance and exits to the Riverboat and the count rooms;
- 7) For all live Games regardless of patron or employee position:
 - A) Hands of all Gaming patrons and dealers;
 - B) Tray; and
 - C) Overall layout of the table area capable of capturing clear individual images of Gaming patrons and dealers, inclusive of, without limitation, facial views and the playing surface so that the outcome of each Game may be clearly observed;
- 8) Such other areas as the Administrator designates;
- b) Individual solid state, color, television cameras, 2/3, 1/2_L or 1/3 or 1/4 format, with minimum 320 plus line resolution with matrix and/or pan, tilt and zoom capabilities, secreted from public and non-surveillance personnel view augmented with appropriate color corrected lighting to effectively and clandestinely monitor in detail, from various vantage points, the following:
 - 1) Roulette tables, in a manner to clearly observe the Wagers, patrons, and the outcome of each Game;
 - 2) The operations conducted at the fills and credit area of the cashier's cage(s);
- c) All closed circuit cameras equipped with lenses of sufficient magnification to allow the operator to clearly distinguish the value of the Chips, Tokens and playing cards;
- d) Video monitors that meet or exceed the resolution requirement for

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video cameras with solid state circuitry, and time and date insertion capabilities for taping what is being viewed by any camera in the system. Each video monitor screen must measure diagonally at least 12 inches and all controls must be front mounted;

- e) Video printers capable of adjustment and possessing the capability to generate instantaneously, upon command, a clear, color and/or black and white, copy of the image depicted on the videotape recording;
- f) Date and time generators based on a synchronized, central or master clock, recorded on tape and visible on any monitor when recorded;
- g) Wiring to prevent tampering. The system must be supplemented with a back-up gas/diesel generator power source which is automatically engaged in case of a power outage and capable of returning to full power within seven to ten seconds;
- h) An additional uninterrupted power supply system so that time and date generators remain active and accurate, and switching gear memory and video surveillance of all riverboat entrances/exits and cage areas is continuous;
- i) Video switchers capable of both manual and automatic sequential switching for the appropriate cameras;
- j) Videotape recorders capable of producing high quality first generation pictures with a horizontal resolution of a minimum of 240 plus lines, non-consumer, industrial grade, and recording on a standard 1/2 inch, V.H.S. tape with high-speed scanning and flickerless playback capability in real-time (23 to 30 frames per second). Such videotape recorders must possess time and date insertion capabilities for taping what is being viewed by any camera in the system;
- k) Audio capability in the soft count room; and
- l) Adequate lighting in all areas where camera coverage is required. The lighting shall be of sufficient intensity to produce clear videotape and still picture production, and correct color correction where color camera recording is required. The video must demonstrate a clear picture, in existing light under normal operating conditions.

(Source: Amended at 22 Ill. Reg. 17324, effective SEP 21 1998)

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULES

1) Heading of the Part: Securities Custody Affidavit2) Code Citation: 50 Ill. Adm. Code 44253) Section Numbers: Adopted Action:

4425.10 New Section
 4425.20 New Section
 4425.30 New Section
 4425.40 New Section
 4425.50 New Section
 4425.60 New Section

4) Statutory Authority: Implementing Section 1-113.7, and authorized by Sections 1-113.7 and 1-113.11 of the Illinois Pension Code [40 ILCS 5/1-113.7 and 1-113.11] (see P.A. 90-507, effective August 22, 1997).

5) Effective Date of Rulemaking: September 21, 19986) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes. Please see Section 4425.40.

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: May 1, 1998, 22 Ill. Reg. 7444

10) Has JCAR issued a Statement of Objections to these rules? No11) Difference(s) between proposal and final version:

a) Section 4425.30-In the definition of "Dealer" change "C.F.R." to "CFR".

b) Section 4425.30-The definition for "Independent Accountant" has been deleted.

c) Section 4425.30-"Limited Principal"-has been deleted and "Financial and Operations" has been changed to "Financial Operations Principal". Also, "member" has been changed to "dealer" in the introductory paragraph and the last subparagraph of this definition. Also, in the fourth and fifth subparagraph change "member's" to "dealer's". And finally, in the sixth subparagraph change "member's back office operations" to "dealer's custody, control and processing of securities".

DEPARTMENT OF INSURANCE

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d) Section 1425.40(a)(2)(E)-Change "C.F.R" to "CFR".

e) Section 4425.40(b)(3)-Change "Rule 15c3-3(b) (17 C.F.R. 240 15c3-3(b) of" to "Rule 15c3-3 (17CFR 240.15c3-3) under".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No. The Department did not agree to change "member" to "dealer" on lines 74 and 83 in Section 4425.40(a) and (a)(1)(B).

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The purpose of this Part is to provide verification that dealers maintaining custody and possession of, or control over, the securities of a pension fund are in compliance with the requirements of Section 1-113.7 of the Illinois Pension Code [40 ILCS 5/1-113.7] (see P.A. 90-507, effective August 22, 1997), and this Part. Verification shall take the form of a notarized affidavit provided to the pension fund on an annual basis pursuant to Section 4425.40 of this Part.

16) Information and questions regarding these adopted rules shall be directed to:

Jim Orr
 Department of Insurance
 320 West Washington
 Springfield, Illinois 62767-0001
 (217)785-2162

The full text of the Adopted Rule begins on the next page:

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULES

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER aaa: PENSIONS

PART 4425
SECURITIES CUSTODY AFFIDAVIT

Section	Purpose
4425.10	Applicability
4425.20	Definitions
4425.30	Notarized Affidavit
4425.40	Pension Funds Bookkeeping and Records Requirement
4425.50	Penalties
4425.60	

AUTHORITY: Implementing Section 1-113.7, and authorized by Sections 1-113.7 and 1-113.11, of the Illinois Pension Code [40 ILCS 5/1-113.7 and 1-113.11] (see P.A. 90-507, effective August 22, 1997).

SOURCE: Adopted at 22 Ill. Reg. 17345, effective SEP 21 1996.

Section 4425.10 Purpose

The purpose of this Part is to provide verification that dealers maintaining custody and possession of, or control over, the securities of a pension fund are in compliance with the requirements of Section 1-113.7 of the Illinois Pension Code [40 ILCS 5/1-113.7] (see P.A. 90-507, effective August 22, 1997), and this Part. Verification shall take the form of a notarized affidavit provided to the pension fund on an annual basis pursuant to Section 4425.40 of this Part.

Section 4425.20 Applicability

This Part shall apply to all pension funds established under Article 3 or 4 of the Illinois Pension Code [40 ILCS 5/3-101 through 3-152 and 4-01 through 4-144].

Section 4425.30 Definitions

Accountant means an independent certified public accountant or accounting firm who is in good standing with the American Institute of CPAs and all states in which the accountant is licensed to practice.

Dealer means a person, other than a natural person, required to be registered as a broker or dealer with the Securities and Exchange Commission pursuant to Section 15(a) of the Securities Exchange Act of 1934 (15 USC 780(a)).

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Financial Operations Principal shall mean a person associated with a dealer whose duties include:

final approval and responsibility for the accuracy of financial reports submitted to any duly established securities industry regulatory body;

final preparation of such reports;

supervision of individuals who assist in the preparation of such reports;

supervision of and responsibility for individuals who are involved in the actual maintenance of the member's books and records from which such reports are derived;

supervision and/or performance of the dealer's responsibilities under all financial responsibility rules promulgated pursuant to the provisions of the Securities Exchange Act;

overall supervision of and responsibility for the individuals who are involved in the administration and maintenance of the dealer's custody, control and processing of securities; or

any other matter involving the financial and operational management of the member.

Pension Fund means all pension funds established under Article 3 or 4 of the Illinois Pension Code [40 ILCS 5/3-101 through 3-152 and 4-101 through 4-144].

Section 4425.40 Notarized Affidavit

When a pension fund has entered into a custodial arrangement with a dealer, for the safekeeping of the pension fund's securities investments, on or before the dealer takes possession of or control of the securities, the pension fund shall obtain from the dealer a notarized affidavit, signed by a financial operations principal of the dealer. So long as such custodial arrangement is maintained, the dealer shall continue to provide the pension fund with a notarized affidavit by April 30th for each succeeding year. The notarized affidavit shall include, but not be limited to the following:

a) A statement that the dealer is a registered broker-dealer with the U.S. Securities and Exchange Commission and is a member in good standing with the National Association of Securities Dealers; and
1) With respect to securities that are not issued only in book-entry form:

A) All such securities of each pension fund are either held in safekeeping in a place reasonably free from risk of

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If a pension fund fails to meet the requirements of this Part, such pension fund shall be subject to the penalty provisions set forth in 50 Ill. Adm. Code 4435.

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destruction or held in custody by a securities depository that is a "clearing agency" registered with the U.S. Securities and Exchange Commission;

- B) The dealer is a member in good standing with the Securities Investor Protection Corporation;
- C) The dealer will send to each pension fund, no less frequently than each calendar quarter, an itemized statement showing the moneys and securities in the custody or possession of the dealer at the end of such period; and
- D) An independent certified public accountant conducts an audit of the dealer, no less frequently than once each calendar year, that reviews the dealer's internal accounting controls and procedures for safeguarding securities; and
- 2) With respect to securities that are issued in book-entry form:
 - A) All such securities of each fund are held either in a securities depository that is a "clearing agency" registered with the U.S. Securities Exchange Commission or in a bank that is a member of the Federal Reserve System;
 - B) The dealer records the ownership interest of the funds in such securities on the broker-dealer's books and records;
 - C) The dealer is a member in good standing with the Securities Investor Protection Corporation;
 - D) The dealer will send to each pension fund, no less frequently than each calendar quarter, an itemized statement showing the moneys and securities in the custody or possession of the dealer at the end of such period; and
 - E) The dealer's balance sheet containing a statement of its required net capital computed in accordance with Rule 15c3-1 (17 CFR 240.15c3-1), under the Securities Exchange Act of 1934, is audited annually by an independent certified public accountant, and the dealer's most recent audited balance sheet is furnished to each pension fund.
- b) Representations that the dealer is:
 - 1) Not authorized to act as an investment adviser for the pension fund; and
 - 2) Not a natural person; and
 - 3) In compliance with the provisions of Rule 15c3-3 (17 CFR 240.15c3-3) under the Securities Exchange Act of 1934.
- c) A certified copy of the dealer's most recent audited balance sheet, including the required net capital computation.

Section 4425.50 Pension Funds Bookkeeping and Records Requirement

Each pension fund engaged in a custodial arrangement with a dealer shall maintain a copy of the affidavit required by Section 4425.40 of this Part as a part of the pension fund's books and records.

Section 4425.60 Penalties

STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY RULES

1) Heading of the Part: Procurement

2) Code Citation: 23 Ill. Adm. Code 165

3) Section Numbers: Emergency Action:
165.10 New Section

4) Statutory Authority: 30 ILCS 500

5) Effective Date of Rules : September 21, 1998

6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) A copy of the emergency rulemaking, including any material incorporated by reference, is in the agency's principal office and is available for public inspection.

8) Reason for Emergency: P.A. 90-572 created the Illinois Procurement Code to replace the Illinois Purchasing Act effective July 1, 1998. The State Board is subject to the requirements of that Code and must adopt rules in keeping with it.

Since the new law took effect, the agency has been conforming its procurement activities to the requirements of the Procurement Code by following the administrative rules of the Department of Central Management Services (CMS). We have recently been advised that this conformance is not sufficient and that we need to take formal action adopting the CMS rules until our own can be promulgated through the regular rulemaking process.

9) A Complete Description of the Subjects and Issues Involved: Please see the response to item #8 above.

10) Are there any proposed amendments to this Part pending? No

11) Statement of Statewide Policy Objectives: This rulemaking will not create or enlarge a State mandate.

12) Information and questions regarding this rule shall be directed to:

Mike Lacopo
State Purchasing Officer
Illinois State Board of Education
100 North First Street (C-359)
Springfield, Illinois 62777
(217) 782-0734

STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY RULES

The full text of the Emergency Rules begins on the next page:

STATE BOARD OF EDUCATION

NOTICE OF EMERGENCY RULES

TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE A: EDUCATION

CHAPTER I: STATE BOARD OF EDUCATION

SUBCHAPTER c: FINANCE

PART 165
PROCUREMENT

Section

165.10 Compliance by State Board of Education
EMERGENCY

AUTHORITY: Implementing the Illinois Procurement Code [30 ILCS 500] and authorized by Section 1-30(a) of that Code.

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 17351, effective September 21, 1998, for a maximum of 150 days.

Section 165.10 Compliance by State Board of Education
EMERGENCY

a) In order to comply with the requirements of the Illinois Procurement Code [30 ILCS 500], the State Board of Education shall conduct all its procurement activities in compliance with the rules of the Department of Central Management Services at 44 Ill. Adm. Code 1, except to the extent that any provision of that Part may be inapplicable on its face.

b) The State Purchasing Officer for the State Board of Education shall be:

Name: Mike Iacopo
Address: State Board of Education
100 North First Street (C-359)
Springfield, Illinois 62777-0001
Telephone: 217/782-0734

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

1) Heading of the Part: Individual Care Grants for Mentally Ill Children

2) Code Citation: 59 Ill. Adm. Code 135

<u>Section Number:</u>	<u>Emergency Action:</u>
135.5	New Section
135.10	Amended
135.15	New Section
135.20	Amended
135.30	Amended
135.40	Amended
135.50	Amended
135.60	Repealed
135.70	Amended
135.80	Repealed
135.81	New Section
135.85	New Section
135.90	Amended
135.91	Amended
135.100	Repealed
135.110	Repealed
135.120	Amended
135.130	Amended
135.135	New Section
135.140	Repealed
135.150	Repealed
135.160	Repealed

4) Statutory Authority: Implementing Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/7.1] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

5) Effective Date of Amendments: September 17, 1998

6) If this emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: These emergency amendments will not expire before the end of the 150-day period.

7) Date Filed with the Index Department: September 17, 1998

8) A copy of the emergency rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: Part 135 is being amended by emergency rulemaking in response to acknowledgment of situations that constitute a threat to

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

the public interest, safety and welfare in that, through focus groups with Illinois citizens and in consultation with the Illinois Federation of Families, families of youth with serious mental illness indicate that the current process for determining eligibility for funding of residential placement creates an unnecessary burden and hardship for families and slows down the process of assuring eligible Illinois youth have access to the most appropriate level of care as quickly as possible.

In addition, these amendments expand the use of the resources to include funding, in lieu of residential placement, for alternative in-home/community services when clinically appropriate, streamline and professionalize the eligibility determination process, and assure collaboration between the education and mental health systems.

Since provider participation is voluntary, it was necessary to secure the providers' input prior to amending the provisions of the program. Having obtained such input, adoption of these amendments at the earliest possible date is necessary so that Illinois youth and their families are assured the availability of expedited determination decisions by appropriately licensed professionals and access to possible in-home/community service alternatives.

- 10) A Complete Description of the Subjects and Issues Involved: Part 135 is being amended to update language, clarify and expedite the eligibility determination process, delete procedural information, require increased parental participation and input in the treatment process, support consideration of in-home/community-based services in lieu of residential placement or as part of a discharge plan from a residential placement, streamline the eligibility determination process using licensed clinical professionals as single reviewers and institute utilization review procedures.

- 11) Are there any proposed amendments to this Part pending? No

- 12) Statement of Statewide Policy Objectives: This rulemaking does not impact the State Mandates Act [30 ILCS 805].

- 13) Information and questions regarding amendment shall be directed to:

Susan Weir
Chief, Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Springfield IL 62762
(217)785-9772
TTY: (217)557-1547

The full text of the Emergency Amendment(s) begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 59: MENTAL HEALTH
CHAPTER I: DEPARTMENT OF HUMAN SERVICES

PART 135
INDIVIDUAL CARE GRANTS
FOR MENTALLY ILL CHILDREN

SUBPART A: GENERAL PROVISIONS

Section	Purpose	
<u>135.5</u>	<u>EMERGENCY</u>	
<u>135.10</u>	<u>EMERGENCY</u>	
<u>135.15</u>	<u>EMERGENCY</u>	
<u>135.20</u>	<u>EMERGENCY</u>	
<u>135.30</u>	<u>EMERGENCY</u>	
		<u>supplementation</u>
		<u>responsibilities</u>
		<u>Conditions-----for-----financial</u>

SUBPART B: APPLICATION, REVIEW AND APPEAL

Section	
<u>135.40</u>	<u>EMERGENCY</u>
<u>135.50</u>	<u>EMERGENCY</u>
<u>135.60</u>	<u>EMERGENCY</u>
<u>135.70</u>	<u>EMERGENCY</u>

SUBPART C: PLACEMENT

Section	
<u>135.80</u>	<u>EMERGENCY</u>
<u>135.81</u>	<u>EMERGENCY</u>
<u>135.85</u>	<u>EMERGENCY</u>
<u>135.90</u>	<u>EMERGENCY</u>
<u>135.91</u>	<u>EMERGENCY</u>
<u>135.100</u>	<u>EMERGENCY</u>

Social Security Administration

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

(SSA) (Repealed)

EMERGENCY

135.110 Education (Repealed)

EMERGENCY

135.120 Termination of funding and/or services placement

EMERGENCY

135.130 Monitoring

EMERGENCY

135.135 Grant renewal process

EMERGENCY

135.140 Bed holds (Repealed)

EMERGENCY

135.150 Discharge (Repealed)

EMERGENCY

135.160 Communications, records and reports (Repealed)

EMERGENCY

AUTHORITY: Implementing Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/7.1] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

SOURCE: Adopted at 11 Ill. Reg. 13408, effective July 31, 1987; emergency amendment at 16 Ill. Reg. 2648, effective February 1, 1992, for a maximum of 150 days; emergency expired June 30, 1992; recodified from the Department of Mental Health and Developmental Disabilities to the Department of Human Services at 21 Ill. Reg. 9321; emergency amendment at 22 Ill. Reg. 16354, effective September 17, 1998, for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 135.5 Purpose

EMERGENCY

This Part is intended to define the terms under which children are eligible to receive funds for residential placement due to their mental illness, including alternative in-home/community services in lieu of residential placement, when clinically appropriate. Funds are provided to assist parents/guardians in obtaining such services at the appropriate level of care. Among the Part requirements are two primary mandates to be satisfied so that the grant can be approved for renewal on an annual basis. These are documentation of parental participation in the child's care, treatment and discharge to family and community and evidence of the child's continuing clinical need for the current level of care.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF EMERGENCY AMENDMENTS

Section 135.10 Definitions

EMERGENCY

"Behavior management intervention." A time-limited, child and family training/therapy intervention focused toward amelioration of management of specific behaviors that jeopardize the child's functioning in the home/family setting. This intervention typically teaches/models techniques and skills that can be used by the parent/guardian and other family members. These services are provided by a licensed professional or by a clinician with a bachelor's degree under appropriate supervision.

"Children." Individuals under 18 years of age Persons-17-years-old-or-younger-18th-birthday-terminates-child-status.

"Days." Refers to calendar days.

"Department." The Department of Human Services.

"Child support services." Time-limited funding to cover costs that would otherwise be prohibitive to the parents for the child to participate in community activities when those activities are related to objectives in the child's current individual services plan.

"Families." Parents, natural or adoptive or an individual family member appointed as legal guardian by the court. A governmental agency or social service agency, or any employee thereof appointed by a court as guardian or custodian is not considered family for application purposes.

"Guardian." The court-appointed guardian of the person and/or estate under the Probate Act of 1975 [755 ILCS 5].

"Licensed private facilities." Residential treatment facilities licensed by the Department of Children and Family Services (DCFS) in accordance with DCFS rules at 89 Ill. Adm. Code 404, the Licensing Standards for Child Care Institutions and Maternity Centers 409-411, Adm. Code 404, or, for out-of-state facilities, in accordance with Section 15.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/15.1], which have been accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) as a psychiatric facility serving children and adolescents or which have been surveyed and approved by the Department as meeting standards equivalent to standards for psychiatric facilities serving children and adolescents found in the 1997 Standards for Behavioral Health Care (Joint Commission on Accreditation of Healthcare Organizations (JCAHO), One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 (1996)). JCAHO's Consolidated Standards Manual 95--for

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~~Child,--Adolescent,--and-Adult-Psychiatric-Alcoholism,--and-Drug-Abuse
Facilities--Serving--the--Mentally--Retarded/Developmentally--Disabled
(1984)--with--no--late--editions--or--amendments--~~

~~"Life domains." Refers to the major areas of functioning in the
child's life that may be impaired by the child's mental illness.~~

~~"Network." An organizational unit of the Department's Office of
Mental Health responsible for administering State funds for mental
health services within a geographically defined area and for
organizing a network of mental health services through public and
private providers.~~

~~"Parent/guardian." A parent, biological or adoptive, or an individual
appointed as legal guardian by the court. A governmental agency or
social service agency, or any employee thereof, appointed by a court
as guardian or custodian is not considered a parent/guardian for
application purposes.~~

~~"Screening, assessment and support services (SASS)." Intensive
community-based mental health services funded by both the Department
and DCFS that are provided to children who are at risk of or who
actually experience hospitalization due to psychiatric reasons. SASS
include pre-admission screening services to determine a child's need
for psychiatric hospitalization; intensive mental health services for
up to 90 days for children determined to not need psychiatric
hospitalization; monitoring, discharge linkage and aftercare planning
for children who are hospitalized for psychiatric reasons; and
intensive mental health services for up to 90 days for children
discharged from psychiatric hospitalization.~~

~~"Secretary." The Secretary of the Department of Human Services.~~

~~"Staff." Employees or persons under contract with the Department.~~

~~"Therapeutic stabilization." An essential part of in-home services,
providing a timely one-to-one relationship between the child and a
paraprofessional or a clinician with a bachelor's degree for the
purpose of facilitating age-appropriate, normalizing activities of the
child.~~

~~"Young adults." Individuals 18 through 21 years of age.~~

~~"Young adult support services." Time-limited funding for young adults
to cover costs of services and supports, not included under other
programs for which the person may be eligible, to aid the young adult
in his or her transition to community living. These funds can be
applied to the costs of a supported living arrangement or other~~

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~~appropriate transitional services that help to integrate the young
adult into his or her adult roles in the community.~~

~~(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354-
effective September 17, 1998, for a maximum of 150 days)~~

Section 135.15 Incorporation by reference

EMERGENCY

~~Any rules of an agency of the United States or of a nationally-recognized
organization or association that are incorporated by reference in this Part are
incorporated as of the date specified, and do not include any later amendments
or editions.~~

~~(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354-
effective September 17, 1998, for a maximum of 150 days)~~

Section 135.20 Eligibility criteria

EMERGENCY

~~a) Parent/guardian must be a resident of the State of Illinois. Mental
fitness~~

~~b) The child must have a severe mental illness be-mentally-ill. A severe
mental illness is defined as a mentally-ill--child--is--one--with--an
organic mental or emotional disorder which substantially impairs his
or her thought, perception of reality, emotional process, judgment,
behavior, and or ability to cope with the ordinary demands of several
life domains. Symptoms characteristic-symptoms must include severely
impaired reality testing and may include hallucinations, delusions,
avoidance or withdrawal from human contact, marked affective
instability, apathy, bizarre behavior, deficient or unusual forms of
communication, agitation and/or potential danger to self or others.
The course of the illness should indicate that the symptoms do not
represent an acute episode from which rapid and substantial remission
is likely. The--most-commonly-applied-diagnoses-would-be-one-of-the
schizophrenia,--pervasive-developmental-disorder--or--major--affective
disorder--such--as-bipolar-disorder--or--major-depression-with-psychotic
features.~~

~~c) There has been an appropriate trial of inpatient, outpatient and/or
community-based treatment efforts and residential services.~~

~~d) The child must not be under the guardianship of a State agency, in the
legal custody of a State agency, a ward of the court, or already
receiving residential services from either the Department or another
State agency.~~

~~e) The child must be enrolled in an approved educational program at the
elementary/high school level.~~

~~f) A completed application package in accordance with Section 135.40 of
this Part must be submitted before the child attains the age of 17~~

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- years and six months.
- g) Prior to an application for an Individual Care Grant for Mentally Ill Children (ICG/MI), the parent/guardian must apply for residential and related services through the local educational agency pursuant to the Individuals with Disabilities Education Act (IDEA) (20 USC 1401). The parent/guardian may apply for the ICG/MI only after it has been determined at the local education agency's individualized educational plan (IEP) meeting that the child requires residential placement due to mental health needs and that the child should be referred to the Department for application for an ICG/MI.
- b) treatment
- It--must--be--demonstrated--from--the--clinical--records--submitted--with--the application--that--the--child--has--not--benefited--from--less--restrictive non-resident--treatment--efforts--or--is--most--unlikely--to--benefit--from such--treatment--methods--This--determination--is--based--on--a--favorable response--to--less--restrictive--treatment--methods--that--have--been--employed and--symptoms--which--suggest--that--community--adjustment--is--not--probable.
- c) Custody
- At--the--time--a--governmental--agency--or--social--service--agency--or--any employee--thereof--is--appointed--as--guardian--or--custodian--of--a--child, the--child--becomes--ineligible--for--an--individual--care--grant--(ICG). Should a parent temporarily lose custody by court decision during the process of application and eligibility determination, the application and eligibility determination process will be completed but reimbursement will not commence until the court returns responsibility to the parent and the eligible child is placed in a contracted facility.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.30 Parent/guardian responsibilities Conditions for financial supplementation

EMERGENCY

- a) The parent/guardian must participate in the child's care, treatment and discharge to family and community.
- b) All public sources of financial support available to or for the child, including but not limited to Social Security benefits (SSA) and supplemental security income (SSI) (42 USC 1381), must be applied to the costs of residential care, to the extent provided by law.
- c) If the child is not already receiving SSI benefits, the parent/guardian must initiate an application for SSI immediately after placement.
- d) The parent/guardian must notify the Department of any changes in the level of financial support from public sources. Declaration of ineligibility, reduction of benefits or loss of benefits through the actions of another governmental agency will not affect the

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- Department's continued funding, unless these actions are the consequence of the parent/guardian's failure to pursue benefits or comply with this Part.
- e) All financial assets of the child exceeding an exempt amount established by the Department must be applied to the costs of residential care. The determination that certain assets may be exempt is subject to the Department's review and approval.
- f) The parent/guardian must notify the Department of any changes of address for the parent/guardian.
- g) The parent/guardian must notify the Department of any changes of guardianship/custody.
- a) Financial supplementation is subject to the Department's authorization of the applicant's placement. Authorization is based on the placement of an eligible child in a contracted facility.
- b) The provider or residential facility selected must have an approved purchase of service contract with the Department in accordance with Section 135.90(b).
- c) All public sources of financial support available to or on behalf of the child, including but not limited to Social Security Administration payments (SSA) and supplemental security income (SSI) (42 USC 1381 (1996)), must be applied to the cost of the care provided to the extent provided by law.
- d) If parents are not aware of benefits that might be available for their child or have not applied for such benefits, staff will advise parents about possible sources of benefits, how and where to apply, and the supportive services, information or arguments which then may be used in pursuit of benefits.
- e) If the child has not been determined eligible for supplemental security income benefits prior to placement, the parent/guardian, on behalf of the child, must make an application with the Social Security Administration for supplemental security income benefits.
- f) If the child has not been determined eligible for educational entitlements pursuant to P.S. 94-142 (Education of the Handicapped Act) (20 USC 1401 (1996)), prior to the application for an individual care grant for the mentally ill (ICG/MI), then the parent/guardian must apply to the appropriate local school board for educational entitlements under the Education of the Handicapped Act.
- g) The Department must be notified immediately of any changes in public sources of financial support available to or on behalf of the child. Declaration of ineligibility, reduction of benefits or loss of benefits determined by the actions of another governmental agency, unless resulting from some failure to pursue or comply on the part of the parent, will not affect the Department's continued supplementation.
- h) The Department must be notified immediately of any changes in guardianship/custody.
- i) The Department must be notified immediately of any changes in the address of the parent/guardian.

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(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

SUBPART B: APPLICATION, REVIEW AND APPEAL

Section 135.40 Application process
EMERGENCY

- a) A parent/guardian residing in the State of Illinois may obtain an application packet via a telephone call or letter to the ICG Program Office at:

ICG Program Office
Department of Human Services
Office of Mental Health
160 North LaSalle, 10th Floor
Chicago IL 60601
Telephone: 312/814-4288

- b) Complete application materials containing information about the ICG/MI Program, the eligibility criteria, required forms and instructions will be sent to the parent/guardian. The cover sheet/application check list will refer the parent/guardian to the SASS agency that will be available to assist the parent/guardian, if requested.

- c) An ICG/MI application is complete and ready for eligibility determination review when it contains the following required documents:

- 1) Completed application package checklist (DMHDD-230);
- 2) Completed application form (DMHDD-231);
- 3) Completed DMHDD-403c, Financial Questionnaire;
- 4) Copy of the child's birth certificate;
- 5) Copy of the child's Social Security card;
- 6) Copy of the court order defining custody or non-parental guardianship, if appropriate;
- 7) Psychiatric evaluation dated within 90 days after the current application submission including mental status examination, a specific principal diagnosis and all other diagnoses, medications, treatment summary and recommendations;
- 8) A written summary of all trials of less restrictive treatment within the past 12 months;
- 9) Psychological evaluation dated within the past one and one-half years, describing both intellectual and personality functioning;
- 10) Social and developmental history from early childhood to present;
- 11) Report of multidisciplinary/IEP conference containing the educational placement recommended at the time of application; and
- 12) Parent/guardian request for eligibility determination and verification of review by parent/guardian of the clinical information submitted (DMHDD-232).

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- d) Incomplete application packages will be returned to the parent/guardian without review for eligibility determination, indicating missing or incomplete, vague, ambiguous, or illegible items.

- e) A natural or adoptive parent or legal guardian residing in the State of Illinois may submit an application on behalf of a child for an individual care grant for mentally ill children (ICG/Mi) in need of residential psychiatric services.

- b) Upon receipt of a request for an application for the ICG/MI program the staff will respond to the parent/guardian in writing within two working days of the receipt of the request. The staff will provide an application packet and instructions for the completion of the application form and procedures for completion of the application and eligibility process.

- e) The complete application package to be sent to parents will include necessary forms requesting information specified in subsection (g) of this Section, instructions for completion of an information Bulletin, description of the application, eligibility determination, and placement process, and the parent's rights relevant to each part of the process. As detailed in Sections 135-507, 135-60 and 135-70, information will be included about currently contracted facilities and about sources of advice and assistance available to parents. This package will be completely reviewed by the program supervisor at least annually with interim partial revision as necessary.

- d) It is the parent/guardian's responsibility to provide information as specified in the application packet distributed by the staff. The staff will discuss during the initial contact the need to develop a comprehensive list of past and present service providers so that the parent can request all needed information as easily as possible and offer to discuss the initial stages of the process.

- e) Staff will collect information held by the Department regarding the child, provide written instructions on the collection of other relevant clinical information, and consult with the parent verbally on any issue regarding the collection of relevant information. If staff review indicates that documents are incomplete or inappropriate, staff will advise the parent verbally or in writing of ways the information might be improved.

- f) Should an application remain incomplete for more than 30 calendar days after the first information is received, the parent will be notified in writing of the status at that point and every month thereafter until the application is completed or the parent indicates an intention not to continue the process.

- g) An application is complete when it includes a family information form, financial report, court decrees regarding custody, support or guardianship and initial reports from past and present service providers, such as physicians, hospitals, schools, mental health or social service agencies which present a current picture of the development, course, current status of the child's mental illness and

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- his/her response to past and present treatment.
- h) When the application is complete or as nearly so as the parent states it can be, staff will notify the parent of the time scheduled for eligibility determination, which will be no less than 10 nor more than 40 calendar days from the date of notification.
- i) If the parent has a complaint which cannot be resolved, the parent will be notified that the complaint resolution process (see Section 135.60) may be employed.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.50 Eligibility determination process

EMERGENCY

- a) Application packages will be screened for completeness by the ICG Program Office staff within 15 days after receipt.
- b) Complete packages will be reviewed within 30 days after receipt.
- c) Eligibility determination will be made by one reviewer from the Department or one contracted by the Department. The reviewer shall be licensed as a physician, clinical social worker or clinical psychologist, shall have had more than five years' experience in the assessment, care and treatment of children and adolescents with mental illness, shall have been instructed in this Part and the statute governing the ICG/MI program (Section 7.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/7.1]), and shall have had no professional or personal relationship with the child and family to be reviewed.

- d) The reviewer shall make an eligibility determination, after a review of the complete application file, based on the eligibility criteria of Section 135.20 of this Part. The determination shall be in writing and shall specify the reasons for the eligibility determination, addressing each of the criteria of Section 135.20.

- e) The ICG Program Office shall transmit the reviewer's eligibility determination to the parent/guardian within five days after such determination.

- f) The eligibility determination panel shall convene a meeting at least every 30 calendar days to make eligibility determinations on ICG/MI applications.

- g) An eligibility determination panel will consist of three Department employees appointed by the program supervisor, with one designated as chairperson. The members must hold personnel titles in the physician, psychologist, social worker or special educator series or hold administrative titles having previously held or been qualified for those discipline titles. Each shall have experience in the care and treatment of mentally ill children and adolescents. None shall have had professional contact with any case for which an eligibility determination will be made. Each shall have had instruction in the

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- statute or the rules governing the eligibility determination process. The composition of the panel may vary from time to time and one or more panels may function at any point in time.
- e) The parent/guardian shall be notified, in writing, at least 10 working days prior to the convening of the eligibility determination panel of his or her right to attend this meeting. The parent, accompanied by the child, if he or she deems this appropriate, may invite others to assist in presenting and recording information or asking questions of staff. The parent may inspect all clinical materials to be used in the determination and may add written or verbal information which has become available since the application was completed.

- d) The eligibility determination panel makes the final determination on eligibility of all ICG/MI applications. The panel shall hear a concise report of relevant information prepared from the completed application materials by staff and ask such questions and examine such documents as they choose. They shall hear any concise statement the parent wishes to make and examine any new written information submitted by the parent. The parent may ask questions of the staff who presented the report and may, if desired, invite the child to speak about his or her needs and preferences. Recognizing that this may be a stressful situation for the parent and child, the chairperson shall conduct the meeting in a fashion intended to maintain a calm, professional, non-adversarial tone. When the information has been presented, all in attendance except the panel shall be excused.

- e) Each panel member will consider the information presented on the basis of the eligibility criteria specified in Section 135.20 and will cast one vote for or against eligibility. The majority will prevail. Each member voting in the majority will, after all votes are cast, state for the record the ethical information that was most compelling in forming his or her judgment.

- f) A tape recording will be made of the meeting of the eligibility determination panel. A tape copy of such record will be made available at the cost of the tape to the parent/guardian or his or her representative, requesting such copy.

- g) The chairperson of the panel will inform the parent and the program supervisor in writing within five working days after the determination made by the panel and the reasons stated by the majority.

- h) If the parent/guardian does not agree with the decision made by the eligibility determination panel, he or she may appeal the decision in writing to the Department's Secretary. The Secretary must receive this statement no later than 30 calendar days following the receipt of the letter stating the decision.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.60 Complaint resolution process (Repealed)

EMERGENCY

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- a) If a parent has a complaint about some element of procedure or program implementation, other than a disagreement about an eligibility determination, which cannot be resolved with staff, the parent may request a meeting with the Associate Director for Mental Illness. The request must be written and must specify the issue(s) for which resolution is desired.
- b) The Associate Director for Mental Illness will acknowledge the request and set a meeting to be held within 10 working days.
- c) The Associate Director for Mental Illness assisted if necessary by staff will meet with the parent and others who may be invited to assist him or her to discuss the complaint and attempt to arrive at a resolution.
- d) The Associate Director for Mental Illness will present his/her conclusions in writing to the parent within 10 working days.
- e) If the parent is not satisfied, he or she may request a Secretary's level hearing in writing within 30 calendar days after receipt of the Associate Director's conclusions.
- f) A hearing panel will be appointed as in Section 135.70 and will set a meeting within 30 calendar days after the Department's receipt of the request for a Secretary's level hearing.
- g) The panel will consider oral and/or written information presented by the parents or someone chosen by them and oral and/or written information presented by the Associate Director for Mental Illness. After asking such questions as the panel may wish answered, all persons other than the panel will be excused.
- h) Each panel member will decide, based on knowledge of the statute, this Party, the current procedures and the information presented, how the issue should be resolved and will vote on a motion stated in the affirmative form of the complaint. Each member voting in the majority shall in turn specify the basis for the vote. The majority position elaborated by the rationales for the votes will be presented in writing to the Secretary within two working days.
- i) On all points not specified above, the elements of Section 135.70 will apply.

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.70 Secretary's Director's level appeal

EMERGENCY

- a) The parent/guardian may appeal the denial of eligibility to the Secretary in writing. The appeal must be received by the Department from the parent/guardian within 40 days after the date of the denial correspondence from the ICG Program Office. The written appeal must provide in detail each basis on which the appeal is being made, specifically stating each reason that the denial of eligibility is alleged to be improper.

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- b) A Secretary's level review will be performed within 30 days after the receipt of the parent/guardian's appeal.
- c) A Secretary's level review shall be made by one reviewer selected by the Secretary. The reviewer shall be a licensed physician who is board eligible in child psychiatry from the American Board of Psychiatry and Neurology. The reviewer shall not be the original reviewer.
- d) Following a Secretary's level review of the original application package, of the original determination, and of the parent/guardian's appeal, the reviewer shall make a recommendation to the Secretary as to whether the child is eligible for an ICG/MI or is not eligible for an ICG/MI.
- e) The Secretary shall make the final administrative decision as to whether the child is eligible for an ICG/MI or is not eligible for an ICG/MI. The final administrative decision shall be sent in writing to the parent/guardian within 40 days after the receipt of the parent/guardian's written appeal. The Secretary shall further indicate the basis for the final administrative decision.
- f) The Secretary's decision shall constitute the Department's final administrative decision and no application for a re-hearing shall be entertained. The decision is then reviewable in accordance with the Administrative Review Law [735 ILCS 5/Art. III].
- g) The Secretary will acknowledge receiving the parent/guardian's request to appeal the decision of the eligibility determination panel, in writing upon its receipt.
- h) The hearing panel shall consist of three voting members appointed by the Associate Director of Clinical Services. The members shall have the titles, experience and knowledge specified in Section 135.50. The panel shall meet within 30 calendar days after the request to consider all written clinical reports reviewed at the lower level and the tape recording of the determination meeting. No new information will be considered. Each panel member will arrive at a decision based on the information at hand, in light of the eligibility criteria specified in Section 135.20 and vote as described in Section 135.50.
- i) A tape recording will be made of the Secretary's level hearing. A tape copy of such record will be made available at the cost of the tape to the parent/guardian or his or her representative, requesting such copy.
- j) The hearing panel will issue its written recommendations to the Secretary within 10 working days after the completion of the hearing. The Secretary will have 10 working days from the receipt of the hearing panel's recommendation to issue his or her decision and to send said written response to the parent/guardian and the program supervisor. The Secretary's decision will be based on the recommendation's compliance with the statute and this Part. If the parent/guardian does not agree with the decision made by the Secretary, he or she may appeal the decision pursuant to the provisions of the Administrative Review Law [735 ILCS 5/Art. III].

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(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

SUBPART C: PLACEMENT

Section 135.80 Approved placement roster (Repealed)

EMERGENCY

a) The Department shall maintain a roster of all applicants who have been determined to be eligible for the ICG/MI program.

b) The roster will be structured as follows:

1) Eligible children actively pursuing placement. An eligible child is presumed to be on the active roster unless the parent has indicated in writing to the contrary. If staff has reason to believe a child should be on the inactive roster but the parent has not requested it, staff will notify the parent in writing of the information that suggests transfer and his or her right to respond and after 30 calendar days will effect the transfer unless the parent provides within that time information to support maintenance on the active roster. Most commonly, information that suggests transfer will relate to placement by another agency, loss of custody or guardianship, absence of the child from the family setting, continued need for psychiatric hospitalization, or the parents do not seek placement as specified in Section 135.90 for 60 days. The parent will be notified when a roster transfer occurs.

2) Eligible children not actively pursuing placement or whose guardianship or custody has been transferred by a court from the parent to a governmental agency.

3) If an eligible child is on the inactive roster due to a court-ordered parental loss of guardianship or custody, the staff will provide clinical information, recommendations for treatment, and potential placement options to the other governmental agency at their request and with appropriate consent from the guardian and the minor, if he or she is 12 years old or older.

4) The parent may return his or her child to the active roster by a request in writing specifying the changed circumstances which lead to an active pursuit of placement.

5) If an eligible child has not been placed, staff will offer to assist her home community.

6) Should the parent and staff disagree about the appropriateness of roster placement, the parent will be notified that either may invoke the complaint resolution process. The parent shall be notified if the staff invokes the process.

7) The roster will include identifying information, date of approval, current service providers, and the status of the placement process or the reason for not actively pursuing placement.

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h) The roster will be reviewed by the program supervisor at least once a month and by the Associate Director at least once a quarter in preparation for the report required in Section 135.160(f).

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.81 Individual services plan development

EMERGENCY

a) When the individual has been determined eligible, the ICG Program Office will refer the parent/guardian to the appropriate SASS agency for the purpose of developing an individual services plan.

b) At the individual services planning meeting the parent/guardian will consider available residential options and may consider alternative in-home/community service options, in lieu of residential placement, if the alternative services meet the needs of the individual and are recommended by the SASS program supervisor. The SASS agency shall provide the documentation of parent/guardian considerations to the ICG Program Office.

c) The development and/or implementation of an individual services plan may be deferred for one or more of the following conditions:

- 1) Continuing hospitalization is required;
- 2) Extended absence from the family due to runaway or a court-ordered transfer of custody or guardianship to a governmental agency; or
- 3) The parent/guardian does not wish to initiate any services with ICG/MI funding or fails to participate in the individual services planning.

d) If the individual services plan is not developed and/or implemented within one year after the date of approval for eligibility, the parent/guardian must reapply to obtain ICG/MI funding.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.85 Alternative In-home/Community Services

EMERGENCY

a) The ICG Program Office will review individual services plans as well as discharge plans and may approve funding for alternative in-home/community services as described in this Section. The plan to be reviewed and revised every six months by the parent/guardian and appropriate service providers must:

- 1) Identify specific problems to be addressed;
- 2) Integrate all of the services to be provided;
- 3) Define specific goals and objectives and the projected duration and costs of services; and

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- 4) Reflect the parent/guardian's approval of the identified service providers.
- b) Alternative in-home/community services include one or more of the following:
- 1) Therapeutic stabilization;
 - 2) Behavior management intervention;
 - 3) Child support services; and
 - 4) Young adult support services.
- c) ICG/MI funding shall not be used to replace grant-in-aid funded services or other services for which the child and family may be eligible through federal, State, or local funding.
- d) Limits of hours and costs will be authorized on a case by case basis by the Department.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.90 Residential Placement Placement**EMERGENCY**

- a) At the individual services planning meeting, SASS staff will discuss with the parent/guardian the potentially appropriate facilities (based on such factors as the child's age, sex and mental health condition, as well as locations and programs of facilities) and the requirements for placement and parental involvement, and will, at the parent/guardian's direction and with appropriately executed consent, prepare clinical referral packets to be sent to the facilities. Upon notification by the eligibility determination letter that a child is eligible for placement, staff will, within two working days, contact the parent by telephone or letter and invite the parent to come with his or her child for a discussion of placement options and procedures. If the parent desires, that fact will be recorded and written information will be sent to the parent with the offer of telephone consultation if the parent wishes.
- b) The list of approved facilities appropriate for placement through the ICG/MI program is comprised of facilities which:
- 1) Meet the standards in Section 135.10 for licensed private facilities as defined in Section 135.10 of this Part;
 - 2) Have an educational program approved by the Program Compliance Division of the Illinois State Board of Education; Have a rate established by the State for the provision of purchased care services in accordance with the Rules of the Governor's Purchased Care Review Board (99-III-Adm--Code--9007--the--Department--of--Children--and--Family--Services--(99-III-Adm--Code--9567)--and--the--Department--in--accordance--with--Section--54--of--the--Mental--Health--and--Developmental--Disabilities--Administrative--Act--(20-ILCS--1705/54); and
 - 3) Have a per diem rate established for purchased care services in

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- accordance with the rules of the Governor's Purchased Care Review Board (89 Ill. Adm. Code 900), the Department of Children and Family Services (89 Ill. Adm. Code 356), or the Department (Section 54 of the Mental Health and Developmental Disabilities Administrative Act (20 ILCS 1705/54)); and Have entered into a contract with the Department for such service provision during the current fiscal period.
- 4) Have entered into a contract with the Department for such services during the current fiscal period.
- c) If appropriate placement for a child cannot be obtained from a contracted provider, the Department may contract with other private facilities acceptable as provided in subsections (b)(1) and (2) of this Section. At the time of this contact, staff will discuss with the parent and child the potentially appropriate facilities (based on such factors as the child's age, sex, and mental health condition, as well as the facility's treatment programs and location) and describe requirements for parental involvement, provide specific information needed to approach selected facilities, and will, at the parent's direction and with the appropriate consent, forward referral packets to the parent, select, in this meeting, one or more facilities, staff will obtain necessary consents at the time; otherwise, the parent will be instructed on completion of the consents and urged to mail them in at the earliest possible time.
- d) The Department may negotiate for additional services from facilities to augment existing services and/or to develop a specialized resource for a child. Parental participation may as required by the provider include the following:
- 1) Site visits;
 - 2) Interviewing of the parent by the potential provider;
 - 3) Completion of conditions of admission to a program; and
 - 4) Various other contacts with potential provider agencies.
- e) At the time of placement, the ICG Program Office staff will enter in the case record a summary statement about the expected duration and outcomes of the placement derived from the clinical issues presented at the time of the eligibility determination. An individual service plan shall be developed within 30 days after placement by facility staff in consultation with the parent/guardian and the child. Such service plan shall be reviewed and updated annually, including documentation of parental participation and consideration of discharge to in-home/community services. Such updated plans and progress reports will be provided quarterly to the ICG Program Office. Together with the goals as stated in the case record summary, these documents will be the basis for the Department's review and approval for continuing funding for placement, including alternative in-home/community services which are part of the discharge plan. (See Section 135.135 of this Part.) All in-state placement options will be examined prior to consideration of out-of-state placements unless an out-of-state placement is closer and more readily accessible to the

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family--residence--than--the--nearest--available--in--state--placement--given--that--the--out--of--state--placement--is--as--appropriate--as--the--in--state--facility--based--on--such--factors--as--the--child's--age--sex--and--mental--health--condition--as--well--as--the--facility's--treatment--programs--and--location.

f) Parent/guardian responsibilities during placement include the following:

- 1) Participation in and cooperation with the facility's requirements for the child's care, treatment, and discharge to the family and community;
- 2) Completion and submission of such forms and documents as may be required by the Department;
- 3) The usual and customary costs of parenthood/guardianship, including:
 - A) Clothing;
 - B) Medical and dental costs;
 - C) Personal allowance and incidentals.

f) At--least--every--30--days--staff--will--confer--with--parents--and--will--document--in--the--case--record--progress--toward--placement.

g) If--service--cannot--be--obtained--from--a--contracted--provider--for--an--eligible--child--the--Department--will--make--every--reasonable--effort--to--contract--with--facilities--approved--by--the--Governor's--Purchased--Care--Review--Board--in--accordance--with--89--Ill--Adm--Code--900--and--other--licensed--private--facilities--to--provide--for--additional--appropriate--services.

h) The--Department--may--issue--requests--for--proposals--from--contracted--facilities--if--subject--to--the--appropriations--received--by--the--Department--expanding--existing--services--or--developing--a--specialized--component--within--a--facility--is--necessary--to--provide--services--for--eligible--children.

i) At--the--time--of--initial--placement--the--staff--will--enter--into--the--case--record--the--expected--outcome(s)--which--the--placement--should--produce--these--outcome(s)--will--be--directed--at--the--long--term--developmental--state--and--should--be--broader--than--the--goals--of--the--individualized--services--plan--developed--by--the--facility--treatment--staff--in--consultation--with--the--parent--and--the--placed--child.

j) When--an--eligible--child--is--actually--placed--in--a--contracted--facility--it--is--incumbent--upon--the--facility--to--follow--the--terms--of--its--contract--with--the--Department--in--order--to--receive--reimbursement--for--services--rendered.

k) If--the--parent--has--a--complaint--which--cannot--be--resolved--the--parent--will--be--notified--that--the--complaint--resolution--process--(see--Section--135-60) may be employed.

l) Parents/guardians are responsible during residential placement of the child for the following:

- 1) Participation and cooperation with the facility's requirements for the child's treatment;
- 2) Application for SSI benefits for the child and the payment of

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these--benefits--(less--a--monthly--amount--determined--by--the--Department)--to--the--facility--if--approved.

3) Re-application--annually--in--the--form--of--an--affirmation--of--the--wish--to--continue--treatment--for--the--child--and--the--belief--that--the--eligibility--situation--has--not--changed--this--re-application--process--also--includes--submitting--form--BMHDB-146--"Authorization--for--Release--of--Information"--The--re-application--packet--shall--be--sent--to--the--Department--30--calendar--days--before--the--re-application--is--due--and

- 4) Parents/guardians are also responsible for:
 - A) Transportation costs to and from the facility;
 - B) Clothing costs;
 - C) Medical--and--dental--coverage--or--costs--and--medication--costs--for--conditions--other--than--the--child's--handicapping--condition--and
 - D) Allowance and incidental costs for the child.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.91 Discharge from residential services

EMERGENCY

a) When a residential provider in partnership with a child's parent/guardian initiates discharge planning, the residential provider shall notify the ICG Program Office of such planning. All parties will work together to develop a timely discharge plan including alternative in-home/community services when clinically indicated. The Department or SASS shall be available to provide technical assistance to the parent/guardian. The ICG Program Office will notify the Manager of the Department's Network where the child will be residing of the child's anticipated return to the area and of the agency(ies) to be providing services, if any, including alternative in-home/community services as described in Section 135.85, if any, to the child and family.

b) The ICG Program Office shall notify the appropriate Network of any child who is 17 or older receiving services through the ICG program so that the Network will be aware of the child's ongoing treatment and be made aware that services may be required from the adult system of care, as identified by the Network of residence. At the time the ICG Program Office receives information that the individual is exiting placement, a formal referral to the Network shall be made.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.100 Supplemental security income (SSI); Social Security Administration (SSA) (Repealed)

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EMERGENCY

- a) ~~The SSI/SSA benefits must be applied toward the child's care at the facility, and will be deducted from the amount of supplementation that the Department will provide unless some portion has been allowed for diversion for other than current support expenses.~~
- b) ~~A monthly portion of the SSI/SSA benefits in the amount of \$25.00, is for the child's personal allowance which will not be applied toward charges for the child's residential treatment.~~
- c) ~~At no time will the Department or its representative be the designated payee of SSI or SSA benefits. The provider may require that the provider be named the designated payee.~~
- d) ~~A notice requesting information regarding eligibility determinations by the Social Security Administration shall be sent by the Department to the parent/guardian or the designated payee within 10 weeks subsequent to the application date. The parent/guardian or designated payee shall notify the Department of the SSI decision. If the parent/guardian or designated payee fails to respond within 10 working days of the parent/guardian's receipt of the notice, the Department shall make a request directly to the Social Security Administration.~~
- f) ~~All responses regarding SSI benefits must be forwarded to the Department in accordance with the State Board of Education's Rules Special Education (23 Ill. Adm. Code 226).~~

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.110 Education (Repealed)

EMERGENCY

- a) ~~The parent/guardian must fully pursue all educational entitlements with the appropriate board of education through all statutory levels of appeal. If the eligible child is on the active roster and the education issues are not resolved, the Department will assist the parent to appropriately place the child in a contracted facility and will provide a temporary grant to fund the placement until the entitlement issue has been fully pursued and resolved.~~
- b) ~~It is the parent/guardian's responsibility to notify the Department at least every 60 calendar days after the progress being made in the pursuit of educational entitlements.~~

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. 17354, effective September 17, 1998, for a maximum of 150 days)

Section 135.120 Termination of funding and/or services placement

EMERGENCY

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- a) ~~Funding of an ICG/MI funding will be terminated in any one or more of the following circumstances:~~

- 1) ~~Failure of the parent/guardian to meet annual reporting and eligibility requirements;~~
- 2) ~~The completion of high school by diploma or GED, termination of local education agency funding, or attainment of age 21, whichever occurs first;~~
- 3) ~~Completion of residential treatment and/or alternative in-home/community services;~~
- 4) ~~The parent/guardian is no longer an Illinois resident. Funding and placement for the child may continue until completion of the school year;~~
- 5) ~~Guardianship of the child is ordered by the court to a State agency;~~
- 6) ~~The child's resources, private or public, are sufficient to pay the costs of care; or~~
- 7) ~~Any 12 month period without receiving residential and/or alternative in-home/community services.~~

- b) ~~The parent/guardian's objection to termination may be addressed via the Secretary's level appeal process in accordance with Section 135.70 of this Part.~~

- 1) ~~The child reaches his or her 18th birthday; the adult, if he/she requests assistance, will be provided referrals to appropriate adult services;~~
- 2) ~~If the parent/guardian requests the termination of residential placement for the child;~~
- 3) ~~The child's condition deteriorates to the point where hospitalization is required in the judgment of the facility and such hospitalization extends until the child's 18th birthday or the facility indicates that his or her re-admission after hospitalization is not contemplated;~~
- 4) ~~The child completes treatment as it is defined by the parent and the provider;~~
- 5) ~~The parent/guardian moves out of state. Funding and placement for the child will continue up to one year from the date of the move;~~
- 6) ~~The guardianship of the child is ordered by the court to a State agency;~~
- 7) ~~The parent/guardian fails to comply with the information reporting and other program requirements of this Part and after written notice persists in an unreasonable failure to comply for more than 60 calendar days. The parents will be notified that should they wish to contest termination under this provision they may invoke the procedure in Section 135.60;~~
- 8) ~~The bed hold expires during a period when the participant is not on extended bed hold pursuant to Section 135.140;~~
- 9) ~~The child's resources and public funding are sufficient to pay the costs of care.~~

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- b) The decision to terminate services by the residential provider for reasons other than those listed in subsection (a) of this Section is within the sole discretion of the residential provider. Any objection to that decision must be raised by the parent/guardian with the provider. Should continued residential treatment be necessary (see Section 135.24(b)), staff will assist the parents to place the child in an alternate contracted facility, using the same procedures as those used for an initial placement.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354 effective September 17, 1998, for a maximum of 150 days)

Section 135.130 Monitoring

EMERGENCY

- a) Pursuant to the ICG program, Department staff or contractual agents may will monitor the care, treatment and progress of all eligible children funded through the ICG/MI program placed in contracted facilities. At least annually the child will be visited, observed and interviewed and the results documented in the case record with a copy to the facility case record.
- b) Subsequent to any of these monitoring activities, the Department may require termination of placement and the development and implementation of a discharge plan, including alternative in-home/community services. Residential facilities shall submit a quarterly report on the progress of each recipient placed in its program and funded by an individual care grant.
- c) If the Department terminates placement, the parent/guardian may appeal that determination pursuant to Section 135.70 of this Part. Progress toward expected outcomes established on initial placement and reviewed and revised annually by Department staff will be assessed in the light of information obtained from the on-site visit and the quarterly reports.
- d) Staff will ensure through the monitoring process that the facility is addressing a discharge plan in accordance with the Department's rules at 59-III-Adm-Code-125.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17354 effective September 17, 1998, for a maximum of 150 days)

Section 135.135 Grant renewal process

EMERGENCY

- a) The ICG is a grant that shall be reviewed annually and may be renewed with documentation of continuing clinical need at the appropriate level of care as well as documentation in the child's current IEP of continuing need for this level of care, and documentation of the parent/guardian's participation in the child's care, treatment and

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- discharge to family and community.
- b) The ICG Program Office staff shall commence a review of the child's care, his or her current educational status via the IEP and parent/guardian's participation three months prior to the anniversary date of the child's entry to the ICG Program. The ICG Program Office will rely on the current individual services plan of the provider serving the child, the provider's quarterly reports, the IEP from the child's home school district and the parent/guardian's report.
- c) The parent/guardian will be notified by the ICG Program Office of the review and will be invited to provide information as to the child's needs, level of care and parent/guardian participation.
- d) The parent/guardian, child (if appropriate) and provider will be notified six weeks prior to the anniversary date of the Department's decision to renew or terminate funding.
- e) If ICG funding is terminated pursuant to the grant renewal process, the parent/guardian may appeal that determination pursuant to Section 135.70 of this Part.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17354 effective September 17, 1998, for a maximum of 150 days)

Section 135.140 Bed holds (Repealed)

EMERGENCY

- a) A residential service provider will receive ICG/MI funding for a maximum of 10 extended nights per month for a child on a programatically approved absence from the residential facility.
- b) The provider must communicate to the Department the need for extended bed holds to meet emergency situations, medical needs or other treatment-related absences.
- c) If the hold exceeds 10 extended days per month, the ICG/MI funding must then be approved by the Associate Director for Mental Illness based on subsection (b) of this Section.
- d) ICG/MI funds are not available for beds held after the date of discharge.

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. 17354 effective September 17, 1998, for a maximum of 150 days)

Section 135.150 Discharge (Repealed)

EMERGENCY

- a) At the time of discharge planning, the Department shall be available to provide technical assistance to the parent/guardian and to the residential facility and will offer to assist in locating appropriate services in or near the home community.
- b) As the reason for discharge varies, the need for resources will be dictated by the specific characteristics of the discharge and by the

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- child's on-going mental health needs;
- e) At the point of discharge of an IEG/MI recipient from a residential facility, the Department shall ensure that the facility complete the necessary documentation, as prescribed by the Department;
- d) This documentation includes, but is not limited to:
- 1) Discharge summary as developed by the provider describing the course of treatment and recommendations for further care;
 - 2) BMHBD-1232, "Notice of Admission or Change in Status"; and
 - 3) The detailed aftercare plan, copies of which must be sent within five days after discharge to the Department and the parent or the formerly eligible child, if he or she has achieved the age-of-majority.

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(Source: Repealed by emergency rulemaking at 22 Ill. Reg. effective September 17, 1998, for a maximum of 150 days)

Section 135.160 Communications, records and reports (Repealed)
EMERGENCY

- a) The Department will use simple understandable language in verbal and written communication with all interested parties except when precise communication requires the use of technical terms.
- b) When a parent is substantially unilingual in a language other than English, translation or interpretation services will be used to assure communication.
- c) A permanent, confidential clinical case record will be maintained by the Department for each child for whom an application is started. Control, protection and disposition of the record will be governed by the Department's standards for inpatient medical records.
- d) Department staff will maintain a continuous record of all activities and events in the case record. Events and activities will be documented in a standard format with sufficient specificity that progress can be monitored by an informed reviewer without additional information from responsible staff.
- e) The Department will issue annually an Information Bulletin which will be widely distributed to public and private providers, organizations and advocacy groups. The Bulletin will contain information about the program and its eligibility requirements and will invite requests for further information or a file copy of the application package.
- f) A quarterly report of the activities of the program will be presented to the Associate Director for Mental Illness within 30 calendar days after the close of each quarter. The report will include among other things, the number of applications completed, number of applicants found eligible, number of eligible children placed, average elapsed time between eligibility determination and placement, general reasons for any placement delays, charges in the list of contracted facilities and a narrative summary of efforts to develop or recruit new providers.

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- g) The quarterly report will be available to interested parties upon request to the Associate Director for Mental Illness.
- (Source: Repealed by emergency rulemaking at 22 Ill. Reg. effective September 17, 1998, for a maximum of 150 days)

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1) Heading of the Part: Public Museum Financial Support

2) Code Citation: 23 Ill. Adm. Code 3200

3) Section Numbers: Emergency Action:

3200.5 Amend

3200.10 Amend

3200.15 New

3200.18 New

3200.20 Amend

3200.30 Repeal

3200.40 Amend

3200.50 Amend

3200.55 New

3200.60 New

3200.65 New

3200.70 New

3200.80 New

4) Statutory Authority: Implementing and authorized by Section 1-25(22) of the Department of Natural Resources Act [20 ILCS 801/1-25(22)].

5) Effective Date of Amendments: September 17, 1998

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency amendment will be adopted within the 150 day time period.

7) Date Filed with the Index Department: September 17, 1998

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: The Illinois General Assembly appropriated \$10M for a new capital grant program to museums for FY99. There has not been a State appropriation for grants to public museums since 1990. This grant program will make capital funds available to help public museums in Illinois expand and upgrade facilities and create new exhibits and other physical facilities. It is in the best interest of the people of Illinois to make these funds available to museums as soon as possible so that these capital improvements can be made and the museum facilities enhanced for the benefit of the many people that use these museums.

10) A Complete Description of the Subjects and Issues Involved: These rules provide the eligibility criteria, application procedure and review procedure for the capital grant program for public museums. Museums that are operated by or located on land owned by a unit of local government are

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eligible for the grant program.

11) Are they any proposed amendments to this Part pending: No

12) Statement of Statewide Policy Objectives: The Public Museum Capital Grants Program will help public museums in Illinois expand and upgrade facilities and create new exhibits and other physical facilities to enhance the public museums' ability to meet their educational mission.

13) Time, Place, and Manner in which interested persons may comment on this emergency rulemaking: Written comments may be submitted within 45 days after the publication of this notice to:

Stanley Yonkauskis, Jr., Legal Counsel
Illinois Department of Natural Resources
524 South Second Street
Springfield, IL 62701
(217)782-1809

14) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Museums that meet the eligibility criteria to apply for a grant must have at least one paid employee who has special knowledge related to museological, zoological, aquarium or botanical organizations.

15) Regulatory Agenda on which this rulemaking was summarized: July 1998

The full text of the Emergency Amendments begins on the next page:

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TITLE 23: EDUCATION AND CULTURAL RESOURCES

SUBTITLE B: CULTURAL RESOURCES

CHAPTER II: DEPARTMENT OF NATURAL RESOURCES

PART 3200

PUBLIC MUSEUM CAPITAL GRANTS PROGRAM FINANCIALS-SUPPORT

Section

3200.5

EMERGENCY

3200.10

Definitions

3200.15

Purpose

3200.18

Prerequisite Five-Year Plan

3200.20

Eligibility Criteria for Applicant-Facilities

3200.30

Funding Determination (Repealed)

3200.40

Application Procedure

3200.50

Application Schedule Use-of-Grant-Funds

3200.55

Criteria for Selection

3200.60

Review Procedure

3200.65

Awards

3200.70

Multiple-Year Considerations

3200.80

Process for Payment

3200.85

EMERGENCY

AUTHORITY: Implementing and authorized by Section 1-25(22) of the Department of Natural Resources Act [20 ILCS 801/1-25(22)].

SOURCE: Emergency rule adopted at 3 Ill. Reg. 11, p. 18, effective March 1, 1979, for a maximum of 150 days; emergency expired July 28, 1979; adopted at 4 Ill. Reg. 18, p. 113, effective April 22, 1980; amended at 5 Ill. Reg. 5649, effective May 18, 1981; codified at 8 Ill. Reg. 1448; amended at 10 Ill. Reg. 4536, effective February 28, 1986; recodified from the Department of Energy and Natural Resources to the Department of Natural Resources at 22 Ill. Reg. 11230; emergency amendment at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days.

Section 3200.5 Authority

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EMERGENCY

For the purpose of determining eligibility of Illinois public museums, as defined in Section 1-25(22) of the Department of Natural Resources Act [20 ILCS 801/1-25(22)] 3(b)(22)--of--"An Act in relation to natural resources"--research data-collection-and-environmental-studies--(111--Rev--Stat--1993--ch--96--1/2 par--7403(b)(22))77 so that such museums may qualify for support under Public Act 80-218 ("Act"), this Part is promulgated.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.10 Definitions

EMERGENCY

"Applicant" means a public museum which makes an application to the Department pursuant to this Part.

"Capital Expenditure" means an outlay of capital that results in the acquisition of property or permanently improves its value or usefulness. For purposes of this program, capital expenditures include, but are not limited to, one or more of the following: land and building acquisition; demolition (in preparation for additional work); site preparation and improvement; utility work; new construction, rehabilitation, major renovations, or expansion of buildings and structures; original furnishings and equipment; replacement of currently utilized assets by a better asset, including permanent exhibits; and any other work that significantly increases the service potential of a building, structure, or exhibit as well as necessary project management fees, associated architectural planning and engineering design services. Acquisition of museum collections, objects, or specimens is not considered a capital expenditure.

"Care(s)" means the keeping of adequate records pertaining to the provenance, identification and location of the museum's holdings, and the application of current professionally accepted methods to their security and to the minimization of damage and deterioration.

"Community" means the population base normally served by the museum.

"Department" means the Illinois Department of Natural Resources.

"Director" means the Director of the Department.

"Matching Funds" means local government and/or private funds equal to at least two-thirds of the incurred capital expenditures considered integral to the overall approved grant project scope. Matching funds cannot include federal or other State funds.

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"Nonprofit" means that the applicant has documentary evidence of its tax-exempt status under the regulations of the U.S. Internal Revenue Service.

"Operating-Expenditures"-means-funds-actually-expended-by-an-applicant for-the-recurring-day-to-day-expenses-which-are-ordinary-and-necessary to-maintain--and--operate-the-facility-for-its-principal-purpose-as-a public-museum.

"Organized" means that the applicant is a duly constituted body with expressed responsibilities.

"Permanent" means that the applicant has existed for at least two years and is expected to continue in perpetuity.

"Professional Staff" means that the applicant has at least one paid employee, who commands an appropriate body of special knowledge and the ability to reach museological, zoological, or aquarium, or botanical (whichever shall be applicable) decisions consonant with the experience of his or her peers, and who has access to and acquaintance with the literature of the field, and that such employee works sufficient hours to meet adequately the current demands of administration and care.

"Public Museum" means a facility operating for the purpose of acquiring, conserving, preserving, studying, interpreting, enhancing, and, in particular, organizing and continuously exhibiting tangible objects to the public for its instruction and enjoyment, and is operated by or located upon land owned by a unit of local government.

"Schedule" means regular and predictable hours which constitute substantially more than a token opening, so that access is reasonably convenient to the public.

"Tangible Objects" means specimens (including--but--not--limited--to--specimens--of--non-domesticated-animals-and-fish), artifacts, articles, documents; non-domesticated plants or animals, including fish; and other things of historical, anthropological, archeological, industrial, scientific or artistic import which form the applicant's collections and have intrinsic value to history, science, history, art or culture.

"Unit of Local Government" means counties, municipalities, townships, special districts and units, designated as units of local government by Illinois law, which exercise limited governmental power or powers in respect to limited governmental subjects, but does not include school districts.

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(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.15 Purpose

EMERGENCY

The Public Museum Capital Grants Program is designed to help public museums in Illinois expand and upgrade facilities and create new exhibits and other physical facilities to enhance the public museums' ability to meet their educational mission. The program provides up to 33 1/3% funding assistance on a reimbursement basis to eligible applicants for approved capital expenditures on public museum facilities.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.18 Prerequisite Five-Year Plan

EMERGENCY

a) To administer and effectively grant capital funds that will improve the educational potential of the State's museums, the Department requires that public museums that plan to participate in the Capital Grants Program during FY99 submit an institutional, five-year capital plan. Such plan may be modified annually as necessitated by changes in the priorities of the museums.

b) Institutions that do not submit an application the first year of the program but that intend to submit an application in succeeding years (FY2000 through 2003), must submit in FY99 a letter of intent and a five-year capital plan as described in subsection (a) above.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.20 Eligibility Criteria for Applicant-Facilities

EMERGENCY

Any public museum located in Illinois shall be eligible for grants for capital purposes if ~~financial support of its operating expenditures~~ if it establishes to the reasonable satisfaction of the Director that:

- a) It is an organized, permanent and non-profit institution that is tax exempt under the regulations of the U.S. Internal Revenue Service;
- b) It has a professional staff;
- c) It cares for and owns or utilizes tangible objects;
- d) It conducts activities of the kind described in Public the Act 90-604 [765 ILCS 10-33] during the normal and continuous course of its operations;
- e) It is open to the public on a regular schedule; and
- f) It devotes the majority of its floor space or grounds and professional

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staff effort to museological purposes:-

- g) It is operated by or located upon land owned by a unit of local government; and
- h) It can match a State grant with \$2 of local or private support for each \$1 of State money.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. **17381**, effective September 17, 1998, for a maximum of 150 days)

Section 3200.30 Funding Determination (Repealed)

EMERGENCY

- a) Contribution--Amount----Each applicant which is eligible for financial assistance--pursuant--to--this--Part--shall--receive--an--amount--of contribution which is the greater of the following two amounts:
- 1) A--minimum--amount--representing--0.1%--(one-tenth-of-one-percent)-of the total annual appropriation--to--the--Department--for--distribution under--the--Act;--or
- 2) A--proportionate--amount--equal--to--the--fraction--obtained--by--dividing the applicant's operating expenditures by the aggregate operating expenditures of all eligible applicants;
- b) Allocation--procedure----A--contribution--amount--shall--be--determined--by the following sequence of procedures:
- 1) The total operating expenditures of each applicant during its two fiscal years preceding its application--shall--be--divided--by--2 (two)--in--order--to--determine--the--amount--of--average--operating expenditures of each applicant;
- 2) The average operating expenditures--of--all--eligible--applicants shall--be--added--together--in--order--to--determine--the--amount--of aggregate operating expenditures of all applicants;
- 3) The average operating expenditures--of--each--applicant--shall--be divided by the aggregate operating expenditures of all applicants in order to determine the allocation fraction of each applicant:
- A) If the allocation fraction is less than or equal to 0.1% the applicant--shall--be--awarded--the--minimum--amount--pursuant to paragraph (a)(1) above; or
- B) If the allocation fraction is greater than 0.1%--proceedures (b)-(1)--(2)--and--(3) above shall be repeated in order to determine a revised allocation fraction for each applicant (except--those--which--otherwise--qualify--for--the--minimum amount);
- 4) The total amount of minimum contributions to eligible applicants (as determined by (a)(1) above)--shall--be--subtracted--from--the total amount of annual appropriations in order to determine the amount of remaining appropriations; and
- 5) The amount of remaining appropriations shall be multiplied by the revised allocation fraction of each applicant in order to determine the proportionate amount that will be contributed by

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- the--Department--to--each--applicant--(except--those--which--otherwise qualify for the minimum amount);
- e) Operating Expenditures----For purposes of this Part, the amount of operating expenditures, as heretofore defined, shall be derived by the applicant from the total amount of program and supporting services expense--which--is--reported--on--its--audited--financial--statement. However, to accommodate variations among applicants in accounting methods and expense descriptions on the financial statements, each applicant shall examine its financial statements in conformity with paragraphs (1) and (2) below:
- 1) Operating expenditures may specifically include the following or similar type of expenses:

- A) Capital expenditures from current unrestricted accounts, or in the alternative, an amount for the amortization or depreciation of such capital expenditures, and any other expenditures from current unrestricted accounts which are ordinary and necessary for the applicant's routine day-to-day operations;
- B) All expenditures from current restricted accounts which qualify as operating expenditures as defined under "Operating Expenditures" in Section 3200.10, but excluding any capital expenditures listed in paragraph (e)(2) below. For example, expenditures related to the development of museum exhibitions and displays may be included even if made from a fund which is limited for this purpose. Expenditures from restricted accounts for preliminary planning or schematic design work are also allowable including architectural engineering design, and consultant fees related to routine maintenance or rehabilitation.
- C) Direct expenditures made on behalf of the applicant by an affiliated entity, provided that they are ordinary and necessary for the day-to-day operations of the applicant and are separately itemized and verified in writing by the affiliated entity. As used in this subparagraph, direct expenditures means expenditures which are identified specifically with the applicant and which costs are incurred by the affiliated entity only for the applicant;
- B) Expenditures for movable equipment and other types of personal property or in the alternative an amount for the amortization or depreciation of such personal property; and
- B) Interest expenses on funds borrowed by the applicant to finance expenditures which are otherwise allowable under this Part;
- 2) Operating expenditures shall not include any of the following or similar type of expenses:
- A) Transfers made to or between the applicant's accounts or funds;
- B) Losses or other costs associated with loans and/or

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- investments made by the applicant;
- e) Expenses for the direct and indirect costs of programs operated by the applicant which are unrelated or only remotely related to museological purposes. For example, the costs of salaries, equipment, facilities and other direct and indirect costs of a school with a regular curriculum which is run by the applicant are not allowable;
- B) Expenses for field trips and other educational programs offered by the applicant to the extent that the costs are recovered from or paid by a participating traveler or student;
- B) Capital expenditures from restricted accounts including but not limited to:
- i) real property;
 - ii) buildings, additions and/or structures (including site development and associated fixed equipment);
 - iii) extensive remodeling and/or rehabilitation work or site improvement; and
 - iv) utilities, lines, fees, tapping fees, meter fees and other expenses not related to normal daily consumption;
- P) Expenditures for repayment of principal on funds borrowed by the applicant;
- 3) If the amount of operating expenditures claimed by the applicant under this Part is not the same as a reported expense amount on the audited financial statement, the applicant shall prepare a detailed written explanation in order to reconcile the two. This explanation shall describe the amount and purpose of each expense added to or subtracted from the amount reported;
- d) Before making a determination of the amount of contribution which the applicant shall receive under this Part, the Department shall deduct from the average operating expenditures of each applicant the average amount of any contributions which were awarded to the applicant under the Act for its use during each of the two years preceding the application;
- e) The Director shall determine and approve the amount that each eligible applicant receives as contribution under this Part.

(Source: Repealed by emergency rulemaking at 22 Ill. Reg. effective September 17, 1998, for a maximum of 150 days)

Section 3200.40 Application Procedure

EMERGENCY

- a) Any applicant seeking a grant for capital purposes in the current year shall send 5 copies of a completed application supplied by the Department of Natural Resources that includes: Any applicant seeking financial contribution under this Part shall send 5 (five) copies of

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- each of the following documents to the Director of the Department of Natural Resources: 60 Illinois State Museum--Spring and--Edwards Streets, Springfield--Illinois 62706; Attention: Museum Aid Program.
- 1) General Information Application Form that includes:
- A) background on the applicant;
 - B) description of the proposed project; and
 - C) museum operations information.
- 2) A notarized Certification Statement letter of appointment executed by the chief executive officer of the institution which certifies that the applicant:
- A) maintains its tax-exempt status under the regulations of the U.S. Internal Revenue Service; and
 - B) is operated by or located upon land which is owned by a unit of local government; and
 - C) has at least 50% of the matching funds and/or documented commitment pledges required to match the grant (\$2 private/local to \$1 State) at the time the application is submitted, accurately determined the amount of operating expenditures which are identified on Attachment B of the application; and
 - B) has and will continue to use any contributions received pursuant to the Act only for operating and/or capital expenditures.
- 3) A five-year capital plan for the applicant institution that includes: A completed information form shall be appended to the application as Attachment A.
- A) identifiable projects with brief scope statements that permit a reviewer to understand the nature of the project;
 - B) a schedule showing projected dates for planning, implementation, and completion of identified projects;
 - C) a budget showing cost estimates for projects identified in the capital plan; and
 - D) identification of the project(s) for which State funds are being sought.
- 4) A set of conceptual plans, including a project scope, cost, and construction schedule. The annual report of the applicant for the year preceding its application (provide as Attachment B-7)
- 5) A description of how the project will improve the institution's ability to meet its educational mission and expand its audiences (limit two, single-spaced printed pages, minimum font size 12 pt). The audited financial statements of the applicant prepared by a certified public accountant for the two years preceding the applicant's application and the written reconciliation statement if required by Section 3200.30(f) (Provide as Attachment C-7)
- 5) A written statement signed by the applicant's chief financial officer which states that the amount of operating expenditures claimed in accordance with Section 3200.30(f) is accurate and complies with this Part.

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- 6) The annual report of the applicant for the year preceding its application.
- b) Any applicant seeking a grant for capital purposes in the years FY2000 through 2003 shall submit 5 copies of a letter of intent accompanied by copies of the institution's five-year capital plan. A letter of intent shall address: An application shall be made between January 1 and March 30 of each year when appropriations have been made available to the Department for distribution under this Part.
- 1) The year an applicant plans to submit a proposal for funding.
- 2) A brief scope statement from the institution's five-year capital plan identifying the project that will be proposed for funding and its projected cost.
- c) Applicants may submit only one application for any given year.
- d) Projects may be phased over multiple years with the approval of the Department.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.50 Application Schedule Use-of-Grant-Funds EMERGENCY

Applications for funding assistance will be accepted each year on a schedule announced publicly by the Department when appropriations have been made available for distribution under this program. Specific application guidelines will be available from the Department at that time. Once received, the recipient may use the grant funds for operating and/or capital expenditures.

(Source: Amended by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.55 Criteria for Selection EMERGENCY

Applications will be reviewed by the Department based on the following criteria:

- a) Technical Criteria
- 1) Documentation of required match (prerequisite) and if applicable, a plan for raising additional required funds.
 - 2) Adequacy of cost estimates and other feasibility considerations, including the capacity to meet associated operating costs of the project and the qualifications of current and future personnel involved with the project and its implementation.
 - 3) Project's impact on applicant's five-year capital plan.
 - 4) Applicant meets generally accepted professional standards (as in the accreditation programs of the American Association of Museums, American Zoo and Aquarium Association, American Association of Botanical Gardens and Arboretums, and other

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- appropriate organizations).
- b) Program Criteria
- 1) Project's potential to enhance the applicant's implementation of its educational mission.
 - 2) Project's potential for meeting community needs and expanding audiences, including reaching underserved audiences.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.60 Review Procedure EMERGENCY

a) Technical Review

Department staff will review the project application materials for:

- 1) Project's feasibility with regard to operational capacities of the institution.

- 2) Adequacy of cost estimates and construction schedule estimates.
- 3) Evidence of required match, and, if applicable, of capacity to raise additional funds needed.

- 4) Project's relative role in applicant's five year capital plan.
- 5) Timeliness and completeness of application.

- 6) Evidence that applicant meets generally accepted professional standards (as in the accreditation programs of the American Association of Museums, American Zoo and Aquarium Association, American Association of Botanical Gardens and Arboretums, and other appropriate organizations).

b) Program Review

Department staff will review the project's merit for:

- 1) Meeting community needs;
- 2) Effectively enhancing the implementation of the educational mission; and
- 3) Expanding audiences, including reaching underserved groups.

c) Staff Recommendation

Department staff will evaluate and rank proposals based on criteria outlined above and recommend to the Director priorities for funding.

d) Peer Review Panel

- 1) The Director will appoint a panel of five citizens with backgrounds and experience relevant to the activities of museums and their educational contributions who will review proposals and staff recommendations and then make recommendations for funding to the Director. Such citizens shall not be current employees of any museums in the State of Illinois that are eligible to apply for this grant program. The Director shall have the authority to call upon the expertise of non-residents of the State for additional advice on the program and its administration.

- 2) Names of candidates for the peer review panel will be solicited annually from museums throughout Illinois.

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(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.65 AwardsEMERGENCY

Award Limit. An applicant may receive an amount not to exceed 20% of the annual appropriation, excluding funds that may be reappropriated from a preceding year.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.70 Multiple-Year ConsiderationsEMERGENCYa) Phased Projects

Applicants may apply for funding for the same project over multiple years if the project has been selected for funding and a multiple-year plan approved in advance by the Department.

b) Reappropriation of Funds

Reappropriation of funds will be sought for projects approved for funding that have not been completed and reimbursement sought in the fiscal year in which the project was approved.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

Section 3200.80 Process for PaymentEMERGENCYa) Eligible expenses are defined as:

- 1) Expenses that meet the definition of capital expenditures; and
- 2) Expenses that are pursuant to the scope of work as agreed upon and approved during the technical review process by the Department. The State's one-third match on an approved project can only be used for capital expenditure costs incurred after July 1, 1998.

b) Applicants who have been awarded capital grants must submit a certified project billing request (expenditure statement) listing/verifying all funds expended on the project for which grant reimbursement is sought, as well as required billing documentation, as follows:

- 1) Acquisition of Property: Proof of good faith negotiations or fair market value offer to land seller, copy of warranty deed (Judgment Order in case of condemnation and title insurance for any deed less than warranty) showing ownership transferred to the local project sponsor, and copies of documents showing proof of

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- 2) Development of Permanent Improvements: Copy of receipts/invoices for project costs, and copy of documents showing proof of payment to seller.

(Source: Added by emergency rulemaking at 22 Ill. Reg. 17381, effective September 17, 1998, for a maximum of 150 days)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PUBLIC HEARINGS ON PROPOSED AMENDMENTS

1) Heading of the Part: Standards and Licensure Requirements for Community Integrated Living Arrangements

2) Code Citation: 59 Ill. Adm. Code 115

3) Register Citation to Notice of Proposed Rules: 22 Ill. Reg. 14526 (Aug. 14, 1998)

4) Date, Time and Location of Public Hearings:

Wednesday, October 21, 1998	Wednesday, October 28, 1998
10:00 A.M. - 12:00 P.M.	10:00 A.M. - 12:00 P.M.
Lincoln Library	State of Illinois Building
Carnegie Rm.	Auditorium Rm. C-500
326 S. 7th Street	160 N. LaSalle
Springfield, Illinois	Chicago, Illinois

5) Other Pertinent Information: The hearings will be held for the sole purpose of gathering public comments on the proposed Amendments. Persons interested in presenting testimony at this hearing are advised that the Illinois Department of Human Services will adhere to the following procedures in the conduct of the hearing:

1. No oral testimony shall exceed an aggregate of ten (10) minutes.
2. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.
4. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedures, including the order of call of witnesses, as she/he deems necessary.
5. Persons requiring reasonable accommodation due to disability must contact the Bureau of Administrative Rules and Procedures by October 14, 1998.

6) Name and Address of Agency Contact Person: Questions regarding these proposed Amendments or the public hearing shall be directed to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PUBLIC HEARINGS ON PROPOSED AMENDMENTS

100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
(217) 785-9772

ENVIRONMENTAL PROTECTION AGENCY
NOTICE OF PUBLIC INFORMATION

NOTICE OF PROPOSED SETTLEMENT
PEOPLE V. OSMOSE WOOD PRESERVING, INC.

You are hereby notified that the Illinois Attorney General, James E. Ryan, on behalf of the Illinois Environmental Protection Agency ("Illinois EPA"), has reached a proposed settlement agreement with Osmose Wood Preserving, Inc., regarding the former Casswood site in Beardstown, Cass County, Illinois. The proposed settlement will result in an order directing Osmose to implement and complete remedial actions selected by the Illinois EPA and Attorney General and to reimburse costs incurred for response, remedial and investigative activities undertaken by the State of Illinois as a result of the release or threatened release of hazardous substances at and around the site.

PUBLIC COMMENT

Pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act ("CERCLA"), 42 USC 9601, et seq., you have thirty (30) days from the date of this notice to file written comments relating to the proposed settlement. If such comments disclose facts or considerations which indicate the proposed settlement is inappropriate, improper, or inadequate, consent to the proposed settlement may be withdrawn or withheld.

You may obtain a copy of the proposed settlement for review (at no charge) by calling or writing to James L. Morgan, Assistant Attorney General, Environmental Bureau, Illinois Attorney General, 500 South Second Street, Springfield, Illinois 62706, phone 782-9031. You may file written comments relating to the proposed settlement by sending them to:

James L. Morgan
Assistant Attorney General
Environmental Bureau
Illinois Attorney General
500 South Second Street
Springfield, Illinois 62706

Comments received or postmarked within thirty (30) days from the date of this notice shall be considered.

Mary Gade, Director
Illinois Environmental Protection Agency
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

DEPARTMENT OF HUMAN SERVICES

REGULATORY AGENDA

a) Part(s) (Heading and Code Citation): 59 Ill. Adm. Code 103, Grants

1) Rulemaking:

A) Description: The rule is being amended to consolidate all audit requirements in the Department of Human Services.

B) Statutory Authority: Implementing Sections 15, 34 and 34.1 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 15, 34 and 34.1] and the Community Services Act [405 ILCS 30] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: July 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information:
Several other rules within the DHS legacy agencies are also being revised to accomplish this consolidation of audit requirements.

b) Part(s) (Heading and Code Citation): 59 Ill. Adm. Code 120, Medicaid Home and Community-Based Services Waiver Program for Individuals with Developmental Disabilities

1) Rulemaking:

A) Description: This rule is being amended to consolidate all audit requirements in the Department of Human Services.

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- B) Statutory Authority: Implementing Section 3 of the Community Services Act [405 ILCS 30/3] and Sections 5-1 through 5-11 of the Public Aid Code [305 ILCS 5/5-1 through 5-11] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5- 104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: July 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information:
Several other rules within the DHS legacy agencies are also being revised to accomplish this consolidation of audit requirements.

- c) Part(s) (Heading and Code Citation): 77 Ill. Adm. Code 2030, Award and Monitoring of Funds

1) Rulemaking:

- A) Description: This rule is being amended to consolidate all audit requirements in the Department of Human Services.

- B) Statutory Authority: Authorized by the Illinois Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

DEPARTMENT OF HUMAN SERVICES

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- D) Date agency anticipates First Notice: July 1998
- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information:
Several other rules within the Department's legacy agencies are also being revised to accomplish this consolidation of audit requirements.

- d) Part(s) (Heading and Code Citation): 77 Ill. Adm. Code 2090, Subacute Alcoholism and Substance Abuse Treatment Services

1) Rulemaking:

- A) Description: This rule is being amended to consolidate all audit requirements in the Department of Human Services. 77 Ill. Adm. Code 2090.30 will also be amended to remove the reference to specific addresses of the DHS Office of Alcoholism and Substance Abuse.

- B) Statutory Authority: Illinois Alcoholism and Substance Abuse Act [20 ILCS 305/5-10].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: July 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services

DEPARTMENT OF HUMAN SERVICES

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100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information:
Several other rules within the Department's legacy agencies are also being revised to accomplish the consolidation of audit requirements.

e) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 112, Temporary Assistance for Needy Families

1) Rulemaking:

- A) Description: Sections 112.302 and 112.303 will be amended to change reporting requirements for TANF clients with earnings from quarterly to monthly.

B) Statutory Authority: The Illinois Public Aid Code [305 ILCS 5/12-13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

f) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 113, Aid to the Aged, Blind, and Disabled

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1) Rulemaking:

- A) Description: Modifications to allow AABD cash assistance to legal immigrants who do not qualify for Supplemental Security Income (SSI). The rulemaking may be filed as emergency if the law establishes 7/1/98 as the effective date of the cash program for legal immigrants.

B) Statutory Authority: The Illinois Public Aid Code [305 ILCS 5/12-13]

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

g) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

- A) Description: Amendments will revise rules to make ineligible individuals who are physically and mentally fit and between the ages of 16 and 60 if they 1) refuse, without good cause, to provide sufficient information to allow a determination of their employment status or job availability; 2) voluntarily and without good cause quit a job; or 3) voluntarily and without good cause reduce their

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work effort (and after the reduction, are working less than 30 hours a week).

B) Statutory Authority: Section 815 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

h) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

A) Description: Amendments to annually adjust benefit amounts based on 100% of USDA's Thrifty Food Plan.

B) Statutory Authority: Section 804 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as

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amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

i) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

A) Description: Amendments will raise the amount of the maximum excess shelter deduction to \$275 for households not having a qualifying member.

B) Statutory Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

E) Effect small business, small municipalities or not for profit corporations? None.

F) Agency contact person for information:

DEPARTMENT OF HUMAN SERVICES

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Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information is determined to be necessary at this time.

h) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

- A) Description: Amendments to annually adjust the gross and net income eligibility standards.
- B) Statutory Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: No other information is determined to be necessary at this time.

j) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

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1) Rulemaking:

A) Description: Four and six month sanctions for the 2nd and 3rd work registration violation will be imposed. Ineligibility continues until the later of completion of the sanction or compliance with the requirement.

B) Statutory Authority: Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: No other information is determined to be necessary at this time.

k) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

A) Description: Food stamp eligibility will be restored to legal immigrants who are children, disabled, or elderly. Refugees, asylees, and persons for whom deportation has been withheld who are eligible for five years after their status is attained will have eligibility extended to cover their first seven years.

B) Statutory Authority: The Agriculture Research, Extension

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and Education Reform Act of 1998.

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: The Department has not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information is determined to be necessary at this time.

- 1) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 121, Food Stamps

1) Rulemaking:

- A) Description: The 5 year ban on eligibility for legal immigrants who enter the country on or after 8/22/96 and who are credited with 40 qualifying quarters of work will be removed.

- B) Statutory Authority: This rulemaking is a result of a United States Department of Agriculture Food and Nutrition Service clarification.

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: The Department has

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not determined when the Notice of Proposed Rulemaking will be submitted for publication in the Illinois Register.

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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Department of Human Services
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- G) Related rulemakings and other pertinent information: No other information is determined to be necessary at this time.

- m) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 507, Audit Requirements

1) Rulemaking:

- A) Description: Section 507 is being added to the Department's rules to consolidate all audit requirements.

- B) Statutory Authority:

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: July 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: Other

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sections are being amended to complete this consolidation of the former legacy agencies.

- n) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 510, Appeals and Hearings

1) Rulemaking:

- A) Description: This section contains the appeal procedures for the Department's Office of Rehabilitation Services. These rules are being amended to respond to federal program concerns and to improve the review of customers' appeals.

- B) Statutory Authority: Implementing the Disabled Persons Rehabilitation Act [20 ILCS 2405], and authorized by Section 16 of the Civil Administrative Code of Illinois [20 ILCS 5/16].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: August 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
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Department of Human Services
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- G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

- o) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 676, General Program Provisions

1) Rulemaking:

- A) Description: Section 676.40 will be amended to add four new services to the Home Services Program. The new services

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will be specifically designed to serve persons with brain injuries. This is a new Medicaid Waiver program to be provided by the Department's Office of Rehabilitation Services.

- B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
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- G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

- p) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 679, Determination of Need (DON) and Resulting Service Cost Maximums (SCMs)

1) Rulemaking:

- A) Description: Section 679.30 will be amended to explain the DON scoring scale to be used when scoring persons with brain injuries. Section 679.50 will be amended to add a new section (d) to the Service Cost Maximum section. The new service cost figures will be used for the DON/SCM when determining eligibility and services for persons with brain injuries. This is a new Medicaid Waiver program to be provided by the Department's Office of Rehabilitation Services.

- B) Statutory Authority: Implementing Section 3 of the Disabled

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Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: Many other Parts governing the Home Services Program will be amended to add services to this population.

q) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 682, Eligibility

1) Rulemaking:

A) Description: Section 682.200, Assets will be amended to make the federal regulations for Spousal Impoverishment part of the HSP rules for Eligibility.

B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: July 1998

E) Effect small business, small municipalities or not for profit corporations? None

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F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
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Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

G) Related rulemakings and other pertinent information: No other information regarding this rulemaking is determined to be necessary at this time.

r) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 682, Eligibility

1) Rulemaking:

A) Description: Section 682.100 will be amended to allow for services to persons with brain injuries, for which there will be no age limit to be served by the Home Services Program. Section 682.410 will also be amended to allow for services to persons with brain injuries to have a redetermination period of 3 months. This is a new Medicaid Waiver program to be provided by the Department's Office of Rehabilitation Services.

B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: Many other Parts governing the Department's Home Services Program will be amended to add services to this population.

s) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 684, Service Planning and Provision

1) Rulemaking:

A) Description: Section 684.70 will be amended to add new subsection (d) which will detail the service planning limitations for services to persons with brain injuries. Section 684.80 will also be amended to add the approval of an Interim Plan by a neuro-psychologist for services to persons with brain injuries. This is a new Medicaid Waiver Program to be provided by the Department's Office of Rehabilitation Services.

B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: Many other Parts governing the Department's Home Services Program will be amended to add services to this population.

t) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 686, Provider Requirements, Type Services, and Rates of Payment

1) Rulemaking:

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A) Description: Four new subparts will be added to Section 686. These will detail the type of service and the rates of payment for the four new services added to the Home Services Program to serve persons with brain injuries. A new section, 686.100, will also be added to this section to give the provider requirements for the Case Managers providing specified services to persons with brain injuries. This is a new Medicaid Waiver Program to be provided by the Department's Office of Rehabilitation Services.

B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: Many other Parts governing the Home Services Program will be amended to add services to this population.

u) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 686, Provider Requirements, Type Services and Rates of Payment

1) Rulemaking:

A) Description: Several sections of this Part will be amended to advise a customer that he/she may request a conviction background check on prospective PAs. The cost of the check will be covered by the Home Services Program. Also, amendments to the Homemaker Services Subpart will be offered to make these sections consistent with the DOA rules for these service providers.

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B) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: July 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

v) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 750, Role of Residential Facilities Operated by the Illinois Department of Human Services

1) Rulemaking:

A) Description: This Part is a reorganization and consolidation of existing rules found in other Parts.

B) Statutory Authority: Implementing and authorized by Sections 3(b), (f), and (k) of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3 (b), (f), and (k) and 12].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

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E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

w) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 751, Definition of Terms

1) Rulemaking:

A) Description: A new Part that provides definitions of terms used throughout Parts 750-835.

B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined

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to be necessary at this time.

- x) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 755, Admission Procedures

1) Rulemaking:

- A) Description: This Part adds new language regarding capacity, admission and application process.

- B) Statutory Authority: Implementin Sections 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
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Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

- y) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 760, Responsibility for Special Education

1) Rulemaking:

- A) Description: This part is being repealed. The language will be found at 89 Ill. Adm. Code 750.

- B) Statutory Authority: Implementing Sections 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11, and 13].

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- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

- z) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 765, Special Education Program and Services

1) Rulemaking:

- A) Description: This Part combines rules which were previously found in other parts.

- B) Statutory Authority: Implementing Section 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11, and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

DEPARTMENT OF HUMAN SERVICES

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Department of Human Services
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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

aa) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 770, Special Education Instructional Program

1) Rulemaking:

- A) Description: This part is being repealed. The part will be replaced by 89 Ill. Adm. Code 750.

- B) Statutory Authority: Implementing Sections 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

bb) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 775, Special Education Related Services

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1) Rulemaking:

- A) Description: This part is being repealed.

- B) Statutory Authority: Implementing Sections 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

cc) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 780, Vocational Programs

1) Rulemaking:

- A) Description: This part is being repealed.

- B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

ee) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 790, State-Operated or Private Programs

1) Rulemaking:

- A) Description: This part is being repealed.

- B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

ff) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 795, Identification, Evaluation, and Placement of Students

1) Rulemaking:

- A) Description: Section 795.30 has been revised to include language regarding case study evaluations. Section 795.40 and 795.80 have been repealed. Section 795.75 has been added to clarify notifications to the schools.

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- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

dd) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 785, Home and Hospital Programs

1) Rulemaking:

- A) Description: This part is being repealed. The part will be replaced by language found at 89 Ill. Adm. Code 750.120.

- B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

- F) Agency contact person for information:

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- B) Statutory Authority: Implementing Sections 3, 10, 11 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

gg) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 800, Impartial Due Process Hearing

1) Rulemaking:

- A) Description: This part is being repealed. New Impartial Due Process Hearings language is found at 89 Ill. Adm. Code 828.

B) Statutory Authority: Implementing Section 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3],

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

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- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

hh) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 805, Surrogate Parents

1) Rulemaking:

- A) Description: The entire part will be repealed.

B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

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ii) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 810, Special Education Personnel

1) Rulemaking:

A) Description: This part will be repealed.

B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11, and 13].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

jj) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 815, Special Transportation

1) Rulemaking:

A) Description: Minor changes to this Part are being made to the language.

B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period.

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Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

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G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

kk) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 820, Evaluation and Coordination of Special Education

1) Rulemaking:

A) Description: This part is being repealed. The language is now found at Subpart C of 89 Ill. Adm. Code 750.

B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

DEPARTMENT OF HUMAN SERVICES

REGULATORY AGENDA

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

ll) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 825, Definition of Terms

1) Rulemaking:

- A) Description: This part is being repealed. Definition of terms are now found in 89 Ill. Adm. Code 751.
- B) Statutory Authority: Implementing Sections 3 and 10 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 10, 11 and 13].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

mm) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 827, Rules of Conduct, Discipline, Suspension and Discharge Procedures

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1) Rulemaking:

- A) Description: Types of infractions are being removed in 827.30. Time frames for disciplinary action are included in 827.35. Section 827.50 - .80 is new language for this Part which was previously found in Part 755.
- B) Statutory Authority: Implementing Sections 10 and 11 and authorized by Section 3 (f) of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/10, 11 and 3f].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

D) Date agency anticipates First Notice: September 1998

- E) Effect small business, small municipalities or not for profit corporations? None

F) Agency contact person for information:

Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

nn) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 828, Impartial Due Process Hearing

1) Rulemaking:

- A) Description: A new Part which replaces Part 800 (repealed) and sets forth the process for the impartial due process hearings.
- B) Statutory Authority: Implementing Sections 10 and 11 and authorized by Section 3(f) of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/10, 11 and 3 (f)].

C) Schedule Meeting/Hearing Date: DHS does not anticipate the

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REGULATORY AGENDA

need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.

- D) Date agency anticipates First Notice: September 1998
- E) Effect small business, small municipalities or not for profit corporations? None
- F) Agency contact person for information:
 Susan Warner-Weir, Bureau Chief
 Bureau of Administrative Rules and Procedures
 Department of Human Services
 100 South Grand Avenue, East
 Springfield, Illinois 62762
- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.
- oo) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 829, Sex Equity
- 1) Rulemaking:
- A) Description: Minor technical changes will be made to this Part. Section 829.100 will be added to clarify the supervision of students.
- B) Statutory Authority: Implementing Sections 10 and 11 and authorized by Section 3 (f) of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/10, 11 and 3(f)].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.
- D) Date agency anticipates First Notice: September 1998
- E) Effect small business, small municipalities or not for profit corporations? None
- F) Agency contact person for information:

DEPARTMENT OF HUMAN SERVICES

REGULATORY AGENDA

Susan Warner-Weir, Bureau Chief
 Bureau of Administrative Rules and Procedures
 Department of Human Services
 100 South Grand Avenue, East
 Springfield, Illinois 62762

- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.
- pp) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 830, Non-Academic Programs and Policies
- 1) Rulemaking:
- A) Description: This Part makes minor text changes throughout the part. Section 830.50 has been reworded to provide clarity.
- B) Statutory Authority: Implementing Sections 10 and 11 and authorized by Section 3 (f) of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/10, 11 and 3 (f)].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.
- D) Date agency anticipates First Notice: September 1998
- E) Effect small business, small municipalities or not for profit corporations? None
- F) Agency contact person for information:
 Susan Warner-Weir, Bureau Chief
 Bureau of Administrative Rules and Procedures
 Department of Human Services
 100 South Grand Avenue, East
 Springfield, Illinois 62762
- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.
- qq) Part(s) (Heading and Code Citation): 89 Ill. Adm. Code 835, Therakelsen/Hansen College Loan Fund

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1) Rulemaking:

- A) Description: Minor technical changes are being made to this Part.
- B) Statutory Authority: Implementing Sections 3, 5 and 13 and authorized by Section 3 of the "Disabled Persons Rehabilitation Act" [20 ILCS 2405/3, 5, and 13].
- C) Schedule Meeting/Hearing Date: DHS does not anticipate the need for public input over the First Notice Period. Hearings, etc. will be held if necessary as required by the Illinois Administrative Procedures Act [5 ILCS 100] as amended by P.A. 88-667.
- D) Date agency anticipates First Notice: September 1998
- E) Effect small business, small municipalities or not for profit corporations? None
- F) Agency contact person for information:
Susan Warner-Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue, East
Springfield, Illinois 62762
- G) Related rulemakings and other pertinent information: No other information related to this rulemaking is determined to be necessary at this time.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of September 14, 1998 through September 21, 1998 and have been scheduled for review by the Committee at its October 20, 1998 meeting in Chicago. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

<u>Second Notice Expires</u>	<u>Agency and Rule</u>	<u>Start Of First Notice</u>	<u>JCAR Meeting</u>
10/28/98	Environmental Protection Agency, Procedures for Reporting Releases of Livestock Waste from Lagoons (35 Ill Adm Code 580)	4/24/98 22 Ill Reg 7091	10/20/98
10/29/98	Department of Natural Resources, The Taking of Wild Turkeys - Spring Season (17 Ill Adm Code 710)	7/31/98 22 Ill Reg 14110	10/20/98
10/30/98	Department of Natural Resources, General Definitions (62 Ill Adm Code 1701)	3/20/98 22 Ill Reg 5207	10/20/98
10/30/98	Department of Natural Resources, Areas Designated by Act of Congress (62 Ill Adm Code 1761)	3/20/98 22 Ill Reg 5190	10/20/98
10/30/98	Department of Natural Resources, State Processes for Designating Areas Unsuitable for Surface Coal Mining Operations (62 Ill Adm Code 1764)	3/20/98 22 Ill Reg 5329	10/20/98
10/30/98	Department of Natural Resources, Requirements for Permits and Permit Processing (62 Ill Adm Code 1773)	3/20/98 22 Ill Reg 5299	10/20/98
10/30/98	Department of Natural Resources, Revision; Renewal; and Transfer, Assignment, or Sale of Permit Rights (62 Ill Adm Code 1774)	3/20/98 22 Ill Reg 5313	10/20/98
10/30/98	Department of Natural Resources, Permit Applications--Minimum Requirements for Legal, Financial, Compliance, and	3/20/98 22 Ill Reg 5294	10/20/98

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

10/30/98	Related Information (62 Ill Adm Code 1778)	3/20/98 22 Ill Reg 5306	10/20/98	
	Department of Natural Resources, Requirements for Permits for Special Categories of Mining (62 Ill Adm Code 1785)			
10/30/98	Department of Natural Resources, Bonding and Insurance Requirements for Surface Coal Mining and Reclamation Operations (62 Ill Adm Code 1800)	3/20/98 22 Ill Reg 5195	10/20/98	
10/30/98	Department of Natural Resources, Permanent Program Performance Standards - Surface Mining Activities (62 Ill Adm Code 1816)	3/20/98 22 Ill Reg 5264	10/20/98	
10/30/98	Department of Natural Resources, Permanent Program Performance Standards-Underground Mining Operations (62 Ill Adm Code 1817)	3/20/98 22 Ill Reg 5235	10/20/98	
10/30/98	Department of Natural Resources, Special Program Performance Standards - Operations on Prime Farmland (62 Ill Adm Code 1823)	3/20/98 22 Ill Reg 5323	10/20/98	
10/30/98	Department of Natural Resources, Special Permanent Program Performance Standards - Operations on High Capability Lands (62 Ill Adm Code 1825)	3/20/98 22 Ill Reg 5319	10/20/98	
10/30/98	Department of Natural Resources, Department Inspections (62 Ill Adm Code 1840)	3/20/98 22 Ill Reg 5201	10/20/98	
10/30/98	Department of Natural Resources, Administrative and Judicial Review (62 Ill Adm Code 1847)	3/20/98 22 Ill Reg 5183	10/20/98	
10/30/98	Department of Natural Resources, Training, Examination and Certification of Blasters (62 Ill Adm Code 1850)	3/20/98 22 Ill Reg 5336	10/20/98	

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

10/30/98	Department of Public Aid, Specialized Health Care Delivery Systems (89 Ill Adm Code 146)	7/17/98 22 Ill Reg 12499	10/20/98	
10/30/98	Department of Public Aid, Diagnosis Related Grouping (DRG) Prospective Payment System (PPS) (89 Ill Adm Code 149)	7/17/98 22 Ill Reg 12468	10/20/98	
10/30/98	Department of Public Aid, Long Term Care Reimbursement Changes (89 Ill Adm Code 153)	7/17/98 22 Ill Reg 12474	10/20/98	
10/30/98	Illinois Commerce Commission, Standards of Service for Electric Utilities (83 Ill Adm Code 410)	6/26/98 22 Ill Reg 10949	10/20/98	
10/30/98	Illinois Commerce Commission, Electric Reliability (83 Ill Adm Code 411)	6/26/98 22 Ill Reg 10945	10/20/98	
10/30/98	Illinois Commerce Commission, Non-Discrimination in Affiliate Transactions for Electric Utilities (83 Ill Adm Code 450)	6/26/98 22 Ill Reg 10947	10/20/98	
10/31/98	Secretary of State, Commercial Driver Training Schools (92 Ill Adm Code 1060)	7/31/98 22 Ill Reg 14255	10/20/98	
11/1/98	Department of Human Services, Grants (59 Ill Adm Code 103)	7/10/98 22 Ill Reg 11677	10/20/98	
11/1/98	Department of Human Services, Temporary Assistance for Needy Families (89 Ill Adm Code 112)	6/26/98 22 Ill Reg 10987	10/20/98	
11/1/98	Department of Human Services, General Assistance (89 Ill Adm Code 114)	6/26/98 22 Ill Reg 10973	10/20/98	
11/1/98	Department of Human Services, Medicaid Home and Community-Based Services Waiver Program for Individuals with Developmental Disabilities (59 Ill Adm Code 120)	7/10/98 22 Ill Reg 11679	10/20/98	

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

11/1/98	<u>Department of Human Services, Audit Requirements (89 Ill Adm Code 507)</u>	7/10/98 22 Ill Reg 11667	10/20/98
11/1/98	<u>Department of Human Services, Award and Monitoring of Funds (77 Ill Adm Code 2030)</u>	7/10/98 22 Ill Reg 11669	10/20/98
11/1/98	<u>Department of Human Services, Subacute Alcoholism and Substance Abuse Treatment Services (77 Ill Adm Code 2090)</u>	7/10/98 22 Ill Reg 11681	10/20/98
11/1/98	<u>Department of Revenue, Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (86 Ill Adm Code 530)</u>	5/1/98 22 Ill Reg 7559	10/20/98

Rules acted upon during the period from August 7 (Issue 32, 1998) through October 9, 1998 (Issue 41) are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 4401 published in Issue 40 will be listed as 50-4401-40. The letter "R" designates a rule that is being repealed. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

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